The Journal of
Pastoral Care

VOL. IX SPRING, 1955 No. 1

THE ROLE OF THE PSYCHIATRIC CONSULTANT TO A SEMINARY

CARL W. CHRISTENSEN, M.D.

Instructor in the Department of Nervous and Mental Disease, Northwestern University School of Medicine, Chicago, Illinois; Consultant to Garrett Biblical Institute, Evanston, Illinois; also Consultant to the Methodist Board of Missions and Church Extension in New York City

The other day I was talking to a minister. "Come out of your tower, doctor," he said, "the situation here is unique. Most ministers are antagonistic toward modern analytical psychiatry."

We discussed this for a while. I believe many ministers are threatened by analytical psychology. I believe that many ministers are misinformed. This paper, in part, is a result of that discussion.

It is traditional, in the church, that ministers serve as counselors to people in distress. In ancient times medicine was a part of religion. That tradition still lingers and is fostered in part by certain beliefs interwoven into theology. Today, people will frequently consult with their minister, seeking his advice, often before seeing a physician. This is especially true when emotional problems are involved. It is not my purpose to discuss the question of whether ministers should treat people or whether this should be entirely in the hands of physicians. Ministers do treat people. The

theories, facts, and techniques of modern dynamic psychology have much to contribute toward increasing the efficiency of such service.

Ministers have the same needs and drives, the same inhibitions and frustrations as those they serve. As a result they may need the same help, guidance, or therapy. Some feel that religious doctrines and dogmas should be able to solve the complex problem of adaptation in our society. A little reflection will show that this is obviously not the case. The emotionally disturbed, in general, are not helped by admonitions to "give your life to Christ." Indeed, many of the severely ill work religion into their illness. I believe that a mature religious philosophy can help one adjust to the real frustrations of life, provided emotional factors are understood, resolved, and do not complicate the situation. Others have written about the role of the minister in this respect; I shall write of how a psychiatrist, functioning with a seminary, can help the ministry in achieving some of its goals.

As one of the first persons to whom people take their problems, the minister should have, besides a mature outlook on religion, a thorough knowledge of himself so he may better understand others. Does this mean that every minister should be psychoanalyzed? Theoretically, yes; but practically, no. It does mean that the minister should have more than average knowledge of himself. This is not obtained by reading books, but by studying men. Recognizing this, many modern seminaries have courses of study aimed to accomplish just this purpose. Formal classroom teaching is supplemented with seminars, discussion groups, counseling with instructors, and "internships" at mental hospitals, all of which serve to increase self-knowledge. As a result of such experiences, latent or repressed conflicts are brought to conscious awareness where they may be recognized and handled. In this regard, some say that these courses of study make the conflict. This is in error. The conflict was already present, but latent, and usually becomes apparent sooner or later, affecting the behavior of the individual and reducing his effectiveness, creativity, and adjustment. The introspection occasioned by these courses of study frequently lead the student to consult with his instructor, who is then in a position to aid the student toward self-knowledge.

Most students, by the time they have reached the seminary, have demonstrated their intellectual ability and leadership. If, then, the quality of their studies is below their previous level of attainment, an emotional conflict must be considered. A student who can preach an effective sermon on his student charge, yet fails his preaching examination, obviously has some sort of difficulty. Frequently, astute and intuitive teachers become aware of these difficulties and can be of help to the student by encouraging him to consult with his advisor. In his work on the student charge, the neophyte minister often has the same responsibilities for counseling as his more experienced elders. As he attempts to handle the anxieties of his parishioners, his own latent conflicts may be aroused. Depending upon how these are handled, they may seriously affect his work. It therefore

seems obvious that all ministerial candidates should undergo psychological examination prior to their acceptance as students. This has several real advantages. It will reveal those occasional individuals who are so seriously ill that it is inadvisable for them ever to enter the ministry. This group includes those ambulatory schizophrenics whose delusions involve religious concepts. This not infrequently poses a problem, for example, of differentiating between what is "normal" and what is delusional. Some ministers state they have been "called" into the ministry. Was this "call" an hallucination—the result of delusions of omnipotence—or is it a manner of speaking to communicate a subjective conscious decision? This came up recently in evaluating a ministeral candidate. During the course of the interview, he described how he had decided to go into the ministry.[1]

> When in my teens, I was converted to the Love of God. Things looked different then, knowing God's will. Going into the ministry was God's will. Went to a seminary and had to change my concept of what the ministry is. Couldn't decide what I wanted. Fellow came into my room. He had been a missionary. We were talking and he made some gestures with his hands. Hit me like that. That's what I wanted to do.

This conversation, which is suspect by a psychiatrist, might be considered "normal" by some ministers. Further examination revealed other evidence of impulsive behavior rationalized with the delusion of "doing God's will." This man is potentially dangerous to himself and to others because there is no telling when his impulsive behavior will become antisocial. The impulsiveness in this instance is caused by deep-seated feelings of inferiority which are defended against by delusions of grandeur. His weak ego resorts to delusions of being so important that God Himself tells him what to do. The other dynamic factors involved are beyond the scope of this paper to mention. In this instance, the student was advised to seek competent help and to give up his immediate ambition to be a minister until such time as he had resolved his problems. Preliminary examination would have discovered this condition and treatment could have been instituted earlier.

This early recognition helps the potential minister to gain understanding of his underlying motivations, exchanging rationalizations and reaction-formations for realistic attitudes and goals, thus increasing his effectiveness as a minister. The psychiatrist functions in interpreting the examination to the student and to the school, helping both toward the realization of their goals. In this respect, a team of a clinical psychologist and a psychiatrist can function most effectively, the psychologist giving and interpreting whatever screening tests are deemed advisable and the psychiatrist making diagnoses and recommending treatment as necessary. In the presence of illness, the physicians role is clearly defined. He may make referrals to other physicians or see the patient himself. Because a relationship is already established with the student, early treatment is facilitated. The

---

[1] All case histories quoted in this report have been altered so it is impossible to recognize any of the people involved. Any similarity to persons living or dead is purely coincidental.

psychiatrist presents a written report to the Health Committee of the faculty, dealing in summary form with the personality dynamics of the student and making concrete suggestions as to any immediate or long-term action. I feel that it is advantageous to all concerned to have conferences with the Health Committee of the faculty, supplementing the written report. This clears up any possible misunderstandings due to semantic differences. Many students have expressed the fear that if the school finds out that they have an emotional problem they will not be permitted to continue their studies. In my experience the schools have always been most cooperative, bending every effort to help the student continue his studies. However, when the student fails to cooperate, the school has no other recourse than to drop him from its rolls.

The problem of communication is interesting and has its practical aspects. Insofar as we are concerned here, it involves the understanding of the symbolization of religion on the part of the psychiatrist as well as a working knowledge of the administrative functions of the church. It further means that in expressing opinions it is necessary for the psychiatrist to be quite concrete and often blunt. A report full of scientific jargon, while meaningful to another psychiatrist, is without meaning to most lay persons. However, in becoming concrete there is the danger that certain personality trends may be translated as fact. For instance, a person with latent homosexuality may be thought of as being a pervert unless it is recognized that he has had no overt experiences and probably never will. The question of normality is important, as mentioned earlier. Normality is essentially a pragmatic standard so that what might be considered abnormal outside the church may be normal within. This concept is valuable because a report may emphasize the personality defects of a person, but with a recommendation for acceptance. It means simply that these personality defects exist but, within the framework of the church, should not materially effect the adjustment of the person. Mr. T was applying for the missionary field and I use the report of his psychiatric evaluation as an example.

> He appeared to be a mild-mannered, soft-spoken individual with high average intelligence. There was no evidence of any psychotic process present.
>
> Mr. T's personality reflects a passive dependent feminine orientation. This is the result of his identification with his mother, who was the dominant member of the family. Indeed, this identification forms one of his unconscious motives for entering the ministry. She is described as a deeply religious woman who was active in the church. The father was only mentioned once after a direct question. He appears to be a frustrated, somewhat bitter man who lives under the domination of his wife and does not appear in the family group with any effectiveness. The lack of a strong father figure is reflected in Mr. T's character, which tends toward the passive solution of problems. This is further illustrated in his decision to become a missionary. He entered the seminary with no definite goal in mind. In the summer, he met a girl and after several weeks became

engaged. Since she plans to be a missionary, he decided to be one also. He has great difficulties asserting himself in the presence of women, who become mother symbols.

Anger is seldom expressed directly or even felt subjectively. When it is experienced, he tends to suppress it, reacting with depression or "blue moods." His guilt over his repressed anger serves as another unconscious motivation for entering the ministry, which then becomes a reaction-formation against his unacceptable impulses. He tends to avoid rather than face his ego-alien impulses and frequently prays, plays the piano, or takes walks to dissipate the resulting tension. A need to maintain rigid control is mirrored in his behavior, which is deliberate and reflective. He seldom gave a direct answer to a question, as if he were afraid to commit himself specifically, until he knew what was wanted of him. He then conforms to the expectations of others.

In addition to his affective difficulties, he recognizes a sexual conflict. His sexual life appears to have been relatively normal except that he again is more passive, resulting in some inhibition of his sexual drives. He realizes his need for intensive therapy, but must have this confirmed by others before he can decide. Some vague ambitions to become a pastoral counselor were discussed and he was advised of his need for therapy before reaching a decision.

In general, I feel he will make an effective hardworking missionary, provided he is not burdened with responsibility, but can work under someone else's direction. He can adapt to changing situations if he is given time to make the adjustment. I doubt if he will ever be a dynamic forceful leader.

Mr. T was further advised to continue in his chosen field and encouraged in his desire to get some therapy. I recommend that he be accepted as a missionary with the above considerations in mind.

It is important to remember that a personality report presents a cross-section of the individual at the time of the examination, with an estimation of the direction of movement if any. We can only prognosticate the future in the light of the present as interpreted by the past.

In spite of active cooperation on the part of the school and the psychiatrist, occasional misinterpretations do occur. This calls to mind the misconception that psychiatrists influence their patients away from religion and the ministry. This is obviously true and desirable in the case of the seriously ill. In most cases, however, the decision to leave or stay in the ministry is arrived at after due consideration on the part of the patient. It is his decision, reached only after mature thought and judgment. At the onset of therapy, the patient is cautioned against making any change which might seriously affect his life until after he has thoroughly understood the unconscious motivations affecting his behavior and wishes. Frequently the patient evaluates his religious beliefs, often becoming less dogmatic and changing his goals within the ministry. I recall a minister whose ardent pacifism was a reaction against intense unconscious hostility. With

the understanding and resolution of this problem, he became more effective and realistic in his ideals and is now functioning successfully in a church, whereas previously he had dissipated his tension by creating disturbances which failed in their conscious goals, but satisfied his unconscious hostility. It is not the duty of the psychiatrist to impress his beliefs and opinions on the patient, but to help the patient analyze his own. I believe that a realistic motivation toward a realistic goal is a more potent driving force than a neurotic motivation toward a neurotic goal.

To come back once again to the subject matter of this paper, the psychiatrist functions generally in an advisory capacity to the seminary in dealing with problems of emotional conflict. In this respect, I think it not out of place to have a psychiatrist as a member of the faculty to act both as a teacher and as a counselor.

As a teacher, the psychiatrist can fulfill a valuable function to the young minister in helping him become familiar with the various disease entities and giving him enough information to help distinguish, for instance, between an organic illness and an emotional one. This is not intended to make the minister into a diagnostician, but to help him determine what he should refer and to whom. I recall a patient, seen as a resident physician, who had been committed to a county hospital where, on the basis of a thorough examination, he was diagnosed as schizophrenic. He was transferred to our hospital for continued care and treatment. Shortly after we first saw him he began to develop signs of organic involvement and, about six weeks after admission, died from a rectal tumor which had spread to involve the lungs and brain. It can be rather embarrassing to treat a patient psychologically for chronic headache, the result of some familial discord, only to find later that it was due to a chronic sinusitis. The minister is not expected to be a physician, but sometimes in the process of psychotherapy the patient develops body symptoms. Is this due to the emotional factors seeking somatic expression or does he have an acute appendix? This and similar problems frequently occur in therapy. The therapist should be able to prognosticate during the initial interviews and determine whether this is a possibility. If so, he should seek competent medical advice and guidance before instituting any counseling. Besides being able to differentiate generally between an organic illness and an emotional one, the minister should be able to recognize different emotional illnesses so that he does not try to handle cases that are beyond his experience to treat. This is extremely important, for it is necessary to know what you cannot treat as well as to recognize what you can treat.

This then brings us to another function of the psychiatrist in the seminary, which is the guidance of the counselors who are, in effect, doing therapy. Some of these men have had a wide experience, including their own personal psychoanalysis. Others have had a minimal experience. Group sessions with case discussion can be of benefit to the patient as well as to the counselor. This enables the counselor to evaluate his progress, learn-

ing what he can handle in treatment and what he is well advised to turn over to medical care. The effectiveness of the counselor is thus increased since he handles the problems with confidence. It is reflected in the response of his patient to therapy. One of the things that students in training for pastoral counseling must learn is that they are not omnipotent and cannot solve every problem which is brought to them. In some instances this is a difficult lesson to learn. I recall an embryo therapist when faced with a problem of sexual promiscuity who reacted in terms of his own unconscious fears and desires with an acute anxiety reaction. It would have been better for both the patient and the therapist if he had recognized this earlier and either resolved his own guilts and fears or not handled the patient in the first place. Again in terms of one's therapeutic ambitions and perhaps an identification with the "Master Healer," serious illness is not recognized as such and much potential harm can be done. The more the therapist understands himself, the more he is capable of understanding others.

Finally, I believe that a seminary can serve as a counseling center for the ministers in the area. A psychiatrist, functioning in this respect, can discuss personal problems with ministers in the field, aiding them toward a better adjustment in the difficult work they have to do. A minister may be hesitant in discussing personal problems with another minister, especially a superior in the hierarchy of the church, for fear it might affect his future appointments. A counseling center at the seminary would then function to help him resolve his problems or help him find more intensive care. This center would also serve to help the local ministers in handling problems of treatment which arise in the daily life of the minister who does pastoral counseling. He could come to it for advice as to handling a certain problem or in changing his technique to help his parishioners. Such a center could function as a seminar for the local minister where cases could be discussed to the mutual benefit of all concerned.

It seems to me, therefore, that a psychiatrist can be a valuable addition to any seminary faculty because: (1) he can help in the screening of prospective ministeral candidates; (2) he can initiate or encourage therapy where indicated; (3) he can teach methods and techniques of counseling that are beneficial to minister and patient alike; (4) he can help local ministers in their counseling with people by advising and directing their therapy; (5) he can function as a therapist to the ministers in the community who fear discussing their problems with others in the church; (6) the seminary can thus serve as a center for the coordination of psychiatry and religion.

THE PSYCHIATRIST AND THE PASTOR

THE REV. R. LOFTON HUDSON

Pastor of the Wornall Road Baptist Church, Kansas City, Missouri; Instructor in Pastoral Care at Central Baptist Theological Seminary

The title of this article is a deliberate attempt to limit the scope of what follows. As a pastor, I am especially interested in the relationship of the pastor and the psychiatrist. There has been considerable discussion of the relation between psychiatry and religion. And not a little progress has been made in working out a team situation in various kinds of hospitals, especially in mental hospitals.

It is my feeling that an almost untouched field is that of the relation of the parish minister and the private psychiatrist. Neither is particularly trained for this relationship. The psychiatrist may have been trained in a mental hospital where there was a chaplain or two who administered to the patients and may have learned something of the possibility of a valuable team relationship. Even here there may not be much carry-over into his practice later.

There are probably not over three thousand ministers in the United States who have made some first-hand study and observation of emotional illnesses in a mental hospital.[1] Only a few, these and some others, have even a speaking acquaintance with psychiatric concepts and processes. Of those who have had some training along this line, other than classwork in pastoral counseling, many are chaplains in hospitals or in some branch of the armed forces.

This is not to say that only those who were trained in a mental hospital know anything about mental illness. Many others have had good courses in abnormal psychology, principles of counseling, and clinical psychology. And, of course, the alert pastor, like the alert layman, sometimes informs himself, at least superficially, out of the many books written on the subject.

The pastor, indeed, cannot learn what he needs to know about mental illnesses from reading, just as psychiatry cannot be learned from a textbook. But two factors supplement the deficiency at this point. First, many theological schools have courses which include actual experience on hospital

[1] In 1950 Lloyd E. Foster, in an article in *Pastoral Psychology* (Feb. 1950, p. 9), estimated that there were about 2500 ministers who had had the advantage of clinical training in mental hospitals.

wards (psychiatric and others), and some seminaries are requiring this for graduation. Secondly, as soon as a young minister begins his pastoral experience he, like Brer Rabbit, is thrown right into the middle of the briar patch of many types of emotional disorders.

The pastor must deal with mental disorders. He comes into close contact with alcoholics, psychopaths, psychotic people, all sorts of neurotics, and every kind of marital maladjustment. If he is very close to his people, as is often the case in early, smaller pastorates, he knows these emotionally ill people quite intimately, and will do anything he can to help them. It is not a question of dealing with them or not dealing with them. He must do what he can. Often he sees them before the medical doctor does. It is simply a question of dealing with them according to his best ability and training—fortunately, this is improving.

What is the attitude of the pastor toward the psychiatrist? Many pastors do not personally know a psychiatrist. A few do not even know personally anyone who has seen a psychiatrist. If he does know a little about psychiatry, he has heard that a man by the name of Freud, a leader in this field, was an atheist, attributed all disorders to sex, and was opposed to religion. It is little wonder that he wants "no truck" with any of them.

I have somewhat exaggerated this picture, which is rapidly changing, in order to state the case clearly. There are pastors who feel as I have indicated. However, perhaps a larger number of ministers are victims of what Seward Hiltner has called "therapeutic imperialism." The psychiatrist may be guilty of this state of mind also. He, the pastor, may feel that religion should be able to solve all of a person's emotional problems, and that it is a sign of weakness of religion itself if the parishioner has to turn to a psychiatrist for help. Also, the pastor who knows something of the psychiatrist's technique may fear that he may undermine the individual's religion.

It is disconcerting to a pastor to have one of his members tell him that a psychiatrist told him that he didn't have any time for religion for it was "just a lot of stuff to make you feel high and mighty"—or, in another case, to refer a woman to a psychiatrist and have him say in response to her feeling that she was demon-possessed that he "did not believe in good spirits much less bad ones." Both of these responses by psychiatrists have been made to individuals with whom I have worked, but they are isolated and exceptional cases, I am sure. I relate them because they have helped to form the stereotypes to which many ministers react when the word "psychiatrist" is mentioned. However, it should be remembered by both the psychiatrist and the pastor that sick people often distort their reporting of what someone, especially a therapist, may have said to them.

Personally, I do not think that it is necessary for the psychiatrist to whom the Christian pastor refers a patient to be a Christian or of any particular religion, provided he deals fairly with the moral and religious mate-

rial which is discussed. It has been my experience that most psychiatrists are either very careful not to deal with such material or to deal with it in the light of the patient's orientation. It should be admitted, however, that this is one of the most difficult problems with which the psychiatrist is faced —at least, from the pastor's viewpoint.

To be more specific, some conflict between some psychiatrists and some pastors is inevitable. They deal with the same person and often with the same issues. When such matters as divorce, birth control, church attendance, the use of alcohol, sexual morality, and the like are dealt with, the approach of the pastor is often very different from that of the psychiatrist. Any view that there need be no conflict at all seems to me a little naive. When the patient says to the psychiatrist, "Do you go to church?" any answer he gives will mean to the patient a certain viewpoint which may have good or bad implications for the therapeutic process. Or when the psychiatrist refuses to allow the patient in a hospital to see the minister or to read the Bible—which he is, to my way of thinking, entirely justified in doing in some cases of seriously ill patients—the minister and the patient may fail to understand or may feel threatened. Some of this misunderstanding is inevitable at this stage of the game.

The above situations set forth two viewpoints which I wish to develop. The pastors need the psychiatrists. And the psychiatrists need the pastors. Both of these statements are based on the assumption that both are working for the good of the patient. It is my firm conviction that both the psychiatrist and the pastor are sincerely interested in the best interests of the individual and that this consideration is important enough to cause us to work out the best possible relationship.

The pastor needs the help of the psychiatrist more than he needs the assistance of any other branch of medical specialty, or even that of the general practitioner.

In the first place, many people who need treatment by a specialist come to the pastor, or he comes in contact with them in his various pastoral functions. I refer here to the psychotic or pre-psychotic or to the more seriously disturbed individual. This is obviously not a job for a non-medical counselor. Those of us who have had a little training in this field know our limitations. However, sometimes these people will not follow our plan to refer them to a psychiatrist, and we pastors must do the best we can with them.

Sometimes a pastor is criticized for "dabbling around in psychiatry" when he is placed in an impossible situation. I have such a case on hand at the time I write this. A sixty-seven-year-old woman who had spent two periods in a state hospital joined my church and before long asked for an interview. Apparently a schizophrenic with paranoid delusions, she believes someone is poisoning her meat and tampering with her mail. The minute I mentioned her seeing a "nerve doctor"—to use her term—she

said, "Are you against me, too?" So I backed off and encouraged her to go back to her regular physician. This she did and came back to me at her own insistence for a second interview. I am now at the point of firmly and kindly telling her that she has gone over her story with me before and that I believe it best for her sake not to do so again. When she asks me if I think her meat is being poisoned I tell her that I hardly think so. There is no use calling in a psychiatrist because she will not at present refer. In the meantime, I must be a pastor to her, trying not to reject her and not to mistreat her.

It should be said, however, that many psychotic and near-psychotic patients have a fairly good relationship with the pastor and will take his advice when he refers them to a psychiatrist. The pastor needs the psychiatrist to treat such patients and to advise him how and when he may be of the greatest help to such individuals.

Secondly, the pastor needs the psychiatrist in dealing with much less complicated cases. A young lady came to the pastor saying that she was thinking of marrying a certain young man but that she was not sure whether she was in love with him. The interview revealed that she was having sex relations with him and another friend alternately. Instead of looking at this as a moral problem only, the pastor referred the young lady to a psychiatrist. After about a year in therapy, she decided not to marry either of the men. Then she was in a much better position to react normally to a love situation, and to become an acceptable wife.

Many types of neurotics will willingly go to a psychiatrist: persons with marital problems, mild depressions, compulsive-obsessions, hysterical symptoms, and those who are suffering from various sorts of anxiety attacks, many of whom feel that their religion is not working right. If the pastor knew more of how the psychiatrists operate, he would refer many of these. They would be treated, and their perception of religion would be clearer. One of the greatest opportunities a pastor has, it seems to me, is recognizing emotional disturbances in the early stages and helping those affected by such disturbances to get into competent hands.

A third way in which the psychiatrist may help the pastor is in examination and diagnosis. It seems to me that this area of usefulness is little explored. In my own work I have more than once referred people who were not considered to be very ill for a diagnostic examination. In one case, a character disorder was the label, and I was saved a great deal of time which otherwise might have been spent on this case. In another, a homosexual who could not be treated, or at least was not being treated, had turned to his pastor for help. In a third case, a twenty-one-year-old man, a pre-schizophrenic, was treated by the psychiatrist. In other words, a careful diagnosis of the extent and nature of emotional damage greatly shortened the amount of time I had to spend with the first two cases, and averted hospitalization in the third because the patient received early treatment due to my referral.

Fourthly, the pastor needs the psychiatrist in the management of cases, in advising the family, and in interpreting to the family the nature and probable prognosis of the illness. In such situations the pastor stands in a unique position. He has access to the homes of most of the community at any time he wishes to enter them, and he is usually welcome. Often he is trusted as the physician is not, because he is not receiving money for the particular service. But unless he knows the psychiatrist, and unless each can communicate easily with the other, he may not know what help to give, what the psychiatrist is doing, and just where he may fit into the development of the individual. If the psychiatrist can find time and inclination, a telephone call to a pastor or sometimes a letter giving some insight into a particular case in nontechnical language and some suggestions about how the pastor may help will often be greatly appreciated. Of course, we have a long way to go here, because so few ministers and psychiatrists can communicate with each other.

It goes without saying, too, that the pastor needs the psychiatrist in church work, if he (the psychiatrist) can conscientiously participate. This is not to say simply that the pastor needs another member for the financial support of the church or to swell the membership roll. This from the pastor's viewpoint is important too, sometimes too important. But I am thinking here of the fact that, with as much understanding as exists in our culture about the psychiatrist, it will be well for the psychiatrist to function normally as a church member in order to overcome some of this prejudice. To know religion out of a textbook is no more possible than to learn psychiatry out of a textbook. There is an advantage to a psychiatrist in knowing religion in the worship services, the ritual, and in the religious education program of the church—advantage not only to him but to his role as a therapist as seen by those who come in contact with him.

Dr. David E. Roberts in his excellent book, *Psychotherapy and a Christian View of Man,* says:

> Few psychiatrists are active church members, and most of them are continually exposed only to those versions of religion which they encounter in their mentally ill patients. In reading the remarks of psychiatrists who are antagonistic to religion one sometimes encounters more or less penetrating criticisms of the church and its beliefs; but the argument stops here. The writer thinks that he has succeeded in showing that "religion" or "Christianity" is neurotic, infantile, and superfluous. The conclusion, of course, does not follow, any more than it follows that the "failures" of psycho-analysis give an adequate conception of its resources. Indeed, it is only when the discussion moves out of an atmosphere of argumentative debate and into an atmosphere of mutual research that real collaboration can begin.[2]

This professor in Union Theological Seminary in New York City is not critical of psychiatrists. He speaks as a friend of therapy and the therapists.

---

[2] Scribner's, 1950, p. 2.

Let us look now at how, if at all, the psychiatrist needs the pastor. This discussion will be somewhat brief for two reasons. First, it appears to me as a pastor to be a little presumptuous to suggest that I know the psychiatrist's needs. Secondly, some of these points have been implied in what has already been said.

To begin with, as has been intimated, the pastor can and often does interpret—or misinterpret—the role of the psychiatrist to the prospective patient. For example, a young man, twenty-eight years of age, had accepted the presidency of a youth organization in the church. After two meetings he dropped out. When the pastor called on him, he told a story which involved his own boyhood experience in a broken home, and a marriage resulting in two children and a divorce. He attended a theological seminary for a couple of years but dropped out when his divorce came. Then he was trained as an engineer and is quite proficient in jet engines, holding a good job with a plant that builds them. He said, "I feel like a hypocrite when I get up before these young people." He complains of depression spells, stayed drunk for three months after his divorce, and says, "As long as I keep busy I can keep from thinking about my children." That young man, it appears, is heading for a breakdown even though he is holding a good job now. He is fanatically religious in his conversation, but is not able to make himself go to church at present. When the pastor asked him in the course of the interview if he knew anything about the kind of help that psychiatrists try to give, he replied, "No, I do not know a thing about them." If the pastor can keep his relationship with him, in time he may be referred for treatment.

In the second place, often a pastor may help the psychiatrist in the program of getting the patient back into normal life. Not infrequently a patient will say to a pastor, "I don't see any use of going back to Dr. So-and-so, I think he has done me all the good he can." Just a word from the pastor at this point may mean the difference between continued therapy which the patient needs or a subsequent break as the result of failure to continue with the treatment.

Also, when a person has had a "nervous breakdown" or a psychotic episode, the church people are often at a loss to know how to deal with him. Is he ready to go back to work in the church if he wishes to? Should he be visited by members of a Sunday School class? If he still shows symptoms, how is the family to deal with him? Is he dangerous? The family often asks the pastor if there is any use in his going back to the doctor. The more a pastor knows about how a psychiatrist works, and specifically what he is hoping to do with this patient, the better he can encourage the patient to cooperate. If he even feels free to call the psychiatrist, good may come to both the patient and the therapeutic relationship.

In the third place, the minister could be of some help to the psychiatrist in interpreting the symbols and the practices of his particular religion. Here the psychiatrist may feel that either he already knows from boyhood experi-

ences in church, or even from present experience, what a given religion means by its symbols, and he may very well be right. Or, in other cases, he may feel that he does not wish to deal with the religious material.

I have known patients who complained that their psychiatrist "clammed up" when they brought up religious material. I have sometimes suspected that the patient was using the material to dominate the therapist or to show superiority. But my feeling is that any therapist who rules out certain material by saying, "Talk to your pastor about this," would be missing an opportunity to help the patient at a time and concerning a point that may be a part of the progress of the individual.

The psychiatrist will not administer sacraments or outline religious duty, just as the minister will not recommend electric shock or any other kind of medical therapy. But when a patient says to his doctor, "I feel that I am not saved," it seems to be that the doctor must deal with the material the best he can—I do not propose to say how. Really, a great deal needs to be done in this very area of how to deal with religious material, with specific case histories and interviews to illustrate exactly what is meant.

In saying he should deal with the material "the best he can," I am being a little vague about what the psychiatrist should do. It would seem that, at least, the psychiatrist should try to help the patient to use the best of his own religious resources in his personal adjustment. If he advises that which is contrary to his own church background it would not seem to me to serve the best interests of the patient. Every church has ways of rationalizing impossible situations. Suppose, for example, the patient who is a Baptist says that "my church says that I should not drink alcoholic beverages"—it is a fact that some Baptist churches from the pulpit and in their religious education program teach total abstinence. Most psychiatrists would not agree with this viewpoint. In fact, many Baptists do not. It seems to me that for the psychiatrist to express his own personal viewpoint or to advise the patient is, in the end, not conducive to the best interests of the patient.

Or suppose the patient deals with the problem of divorce, and affirms that the Bible teaches that there is only one ground for divorce, adultery. The situation we shall assume is an intolerably bad marriage relation which does not involve extramarital sex relations, but "mental cruelty"—for lack of a better phrase. Some ministers will resent a couple's going to a minister to get married and to a psychiatrist to get advice about divorce. And perhaps there are some grounds for this resentment.

An example of how one analyst dealt with the subject is to be found in Dr. George Devereux's excellent book, *Reality and Dream*.[3] It has as a subtitle "Psychotherapy of a Plains Indian" and is based on a study made under the supervision of Dr. Karl A. Menninger at the Winter Veterans Administration Hospital at Topeka, Kansas. It should be pointed out, however, that the viewpoint is not necessarily that of the supervisor. It

[3] International Universities Press, New York, 1951.

consists of about thirty interviews and may be considered in most respects a typical therapeutic situation.

The following excerpts illustrate how the counselor may deal, inadequately from the pastor's viewpoint, with religious material. In the sixth interview the following conversation takes place:[4]

> P: What church do you belong to? The Indians worship the Sun and the Earth and the Medicine Bundles.
>
> A: I don't belong to any church. I just believe in doing good.[5]

Further in the next interview the patient is explaining about the Indian religion which figured in a dream: "Old people say, for example, that they used to dream of a beaver. The beaver gave them advice and blessed them, and they prayed to him. There used to be warriors who, when they went into battle, prayed to their dream animal helper and they were really hard to fight. It gave them, as you said, more courage, because they believed it strongly." The analyst replied, "Of course, you know that. I told you that, in reality, they were praying to the courageous part of themselves."

In the twenty-fifth interview we have the following dialogue:

> P: . . . When we first talked, why do we have to talk of religion? (P. is rather intense.) In one night you turned me away from all religions. I believe myself (that) is wrong. Religion is not affecting me no way. It is a good thing. Now my mind is turned away from religion for the rest of my life. I know for sure that . . . I don't know, but this is what I think. I think I will . . . I don't deserve being in a place like this. I should be in an open ward, where I am more free. I am not crazy.[6]

In the twenty-sixth interview we read:

> A: I would like to go back to our last talk, to this business about religion.
>
> P: (Clears his throat.)
>
> A: We didn't have time to talk about that.
>
> P: I suppose it is okay. It don't do a fellow too good to do too much. Some fellows are all day long with the Bible. One of them has four or five—I saw it this morning. I never read the Bible. It is better to use one's own mind. I figure it is just like that—like those hides.
>
> A: The last time you seemed annoyed, and said that I took away your religion.
>
> P: What was the idea of that? Everyone practices religion. Why was it the first thing we spoke of? (Patient seems pugnacious.)

---

[4] The symbol *P* stands for "patient," and an *A* stands for "analyst."

[5] George Devereux: *Reality and Dream;* International Universities Press, New York, 1951, p. 136; quoted with permission of the publisher.

[6] *Op. cit.,* p. 273; quoted with permission of the publisher.

A: Do you recall how it came about?

P: We started out with Indian religion. Is that right?

A: Hm . . . the way I recall it . . .

P: Or with courage.

A: The way I recall it, you asked about my religion, and I replied that I was just trying to be a good guy, all by myself.

P: That's right, yes. (Seems somewhat deflated.)

A: So you see, *you* brought it up. Just try to think back—I never gave you advice on anything. The only advice I ever gave you was to stand on your own feet.

P: You didn't exactly come out with it, to tell me . . . but, in a way, I figured it out that way.

A: Why do you think you figured it out that way?

P: I saw what you meant.

A: Maybe someone else would figure it out differently.

P: If you figure it right, you can't figure it any other way.

A: By "right," do you mean that religion is no good?

P: In a way—if there were no religion it would be a hell of a place. Maybe it is good both ways—to understand and not to understand. One just has to steer right, with or without religion, and build up one's courage. If you know how to do it without it, that's okay.

A: You know by now that people's conclusions are determined by their personality makeup.

P: That is how it goes, I figure.

A: Let us look at the other part of it. You were quite angry that day, so, among other things, you also picked on that, so as to have something else to be angry about. If you had not been angry, you would have felt differently about it. Today you are not angry, so you feel differently.

P: I *was* angry? Why speak of it? He (sic) knows I am a (Protestant sect). He knows there are lots of this sect in the United States and tries to cut down on it.

A: Why should I be mad at your sect?

P: I don't know why.

A: I told you once that each person should be respected not because of his skin or because of his nationality, but only because he is good or bad. We spoke of good and bad Whites, of good and bad Indians, of good and bad Jews. Why then should I pick only on your sect? I told you once that the bigger a man is, the more he can love. I think it went like this: You were sore, you knew I had nothing against Indians, so you had to imagine that I had something against your sect.

P: I think you are wrong.

A: Okay . . . maybe I am. Explain to me why I am wrong.

P: I did not figure that.

A: You know we have to get at the root of things. Now . . .

P: Look, I figure it this way. When I first started out, I knew nothing. I was as green as this ash tray. Still, I tried hard to understand. I was confused about lots of things and had to figure it out by myself. Then you quit talking to me. I was on my own. Naturally, I could not learn the first day after you quit talking. Other things were okay, but this I could not figure out. That afternoon I figured it out. Religion, no matter what—after we spoke of Indian religion—religions are all the same. They are all courage-builders. If a person can do without them, and know how to do without them . . . I know a guy at home . . . I don't think he believes in anything. Not in the Indian religion, and not in the Christian religion. He is the biggest drunk that ever walked, and he is a *thief!* He owns nothing. He has no home. Well, he tries to do without religion, and don't know how. Right? If you depend on religion, it is just a courage-builder.

A: Are you afraid of becoming a drunk or a thief?

P: No!

A: Why not?

P: Because I know how to handle myself. I know right from wrong. I drink, but I am not a drunkard.

A: Do you need a cane to walk with?

P: No.

A: Does a man with a broken leg need a cane?

P: Yes.

A: Is it right to take away the stick of a cripple?

P: That's not right.

A: Is it right to mend the leg of a cripple, so he won't need a stick?

P: Yes.

A: At that point the cured cripple can decide for himself whether he needs the cane or not.

P: Yes, he don't have to depend on it.

A: Yes. You see, it is the same with religion.

P: I understand.

A: A man with a mended leg is free to carry a cane if he wishes to do so. Now he can choose for himself whether he wants to carry a cane or not. It is no longer a matter of life or death with him.

P: I understand.

A: Let me carry on, and give you one more example. If you are really starved, you eat *food.* If you just have an appetite, you decide whether to order *steak* or *pork.*

P: (Nods.)

A: You can still be a Protestant, or follow the Wolf religion, or any other religion.

P: (Nods.) What I figure is that I don't get the same "kick" out of it that I used to get out of it before. But that is okay.

A: When you are healthy and drink a glass of whiskey, you don't get drunk, but if you are not well or weak, one glass of whiskey knocks you over. You talk of getting a "kick" out of religion. Maybe that was not so good. Maybe the purpose of religion is not just to give you a "kick." Maybe religion is a guide to good living.

P: I get it.

A: When one is ill, everything is distorted.

P: Right. Like whiskey. You can do the same thing without it.

A: Just as a cane can be a crutch or an ornament, so religion can be merely something that gives you a "kick," or else it can be a guide to the good life.

P: The reason I say I am not a drunkard is because I like beer the way you like Cokes.

A: Right.

P: I don't like too much beer. It bloats me up. I have to run to the toilet every few minutes.

A: Now that we spoke of this, I'll tell you something. I once gave a lecture at a (Protestant sect) university. A minister is one of my best friends. So you see, I am not against (this Protestant sect). Now I want you to listen carefully. Maybe this will upset you a little—but maybe it will increase your insight. (A. closes the window.) Every human being has a way of his own. If something disagreeable happens, one person laughs it off, while another person fights. Some people will blame things on others. Some will blame themselves. That is okay. It takes all kinds to make a world, but we ought to know how we react. You dislike anti-Indian and anti-(Protestant sect) discrimination. That is okay. But be sure that you *know* that you do dislike it. I am not telling you to change. I am just telling you to *know* how you react and feel. In the same way, you don't usually think of a nine-year-old horse as old; but if you are mad at it, you will call it an "old" horse. Okay. But be sure you know that you like to think that people pick on you, and that you react to this feeling by extending the scope of your anger, and get mad at everybody.

P: I don't quite understand that.

A: All right, let's try again. Let me explain. You know the expression, "to throw out the baby with the bath." You can't change, but you can watch for your weak parts and handle them right. It is the same

way when you know that your car has one bad tire or that your horse is fast but has no endurance. You manage things accordingly.

P: I see that. It is important to know myself.[7]

A careful study of these interviews reveals that the patient did have an inadequate and confused religious experience. But if there is normal transference between the patient and the therapist, it seems obvious to me that the patient will tend to come out of therapy with an introjection of the therapist's viewpoint. And what was the therapist's religion? Humanism. He is a very fine, brilliant, and unselfish man. But from the pastor's viewpoint, this is not enough. One may suggest that the patient is actually farther from an adequate religious experience than when the interviews began. Prayer is debunked, religion is repudiated, and "trying to be a good guy, all by myself" is the only meaning to life that is offered as a substitute.

These interviews illustrate how religious material must be dealt with, and the importance of the viewpoint, or faith, of the therapist. My comments are not an attempt to appraise the particular analyst's handling of the Indian's religious problems, because that would require an examination of this material in its context and in the light of the patient's whole personality. That I feel a little critical of the therapist's dealing with religion is obvious and understandable.

What is the solution? My observation and reading leads me to believe that most psychiatrists do very little advice-giving. That is a part of the solution. But most ministers do not know this. On the other hand, the ministers themselves probably need to do a great deal of revising of their very rigid standards or find ways to deal with these very complicated human situations that are nourishing to the needs and development of individuals in our society.

I have presented some emotionally "loaded" material in order to point up the fact that our problem of relationship between the psychiatrist and the pastor is a real one, and that the best interest of the patient is served by our getting as close together as possible under the circumstances. My contention is that the psychiatrist needs to know the approach of the pastor, just as the pastor needs to understand the viewpoint of the psychiatrist. On some points, perhaps, "never the twain shall meet," but we can at least regard each other as persons of integrity and make our tensions creative rather than destructive for the patient as a person.

In conclusion, I should like to suggest some steps toward a mutually improved relationship. We need to meet on the level of prevention, as well as of therapy. Both the pastor and the psychiatrist are under heavy schedules and must, occasionally at least, meet on the level of therapy. These meetings can be the cooperative basis for gathering experience together that will serve as a basis for our programs of prevention. At least, this is my primary concern.

---

[7] *Op. cit.*, pp. 278-281; quoted with permission of the publisher.

Dr. William Menninger in his book, *Psychiatry, Its Evolution and Present Status,* has said: "The pastor should be able to render psychiatric 'First aid.' Cross referral (more rare for the psychiatrist to refer to the pastor) is desirable." [8] This sort of thing, cross referral, is largely in the future. It may be only a dream.

But what is not a dream is the fact that when ministers and psychiatrists talk together about their mutual problems they serve the public better. Sometimes over a luncheon, sometimes over the telephone, once even in a letter, psychiatrists have helped me to deal with their patients who were also members of my church, during or following the period of treatment. I believe that both the clergy and the psychiatrists need to be more aggressive in making such contacts.

Most of us, too, are familiar with conferences of clergymen and psychiatrists that have been held in various parts of the country. In such conferences, they discuss such topics as their respective roles, cooperation between the two groups, the philosophies and viewpoints of each, and how cooperation may aid in the preventive aspects of mental health. It seems to me that such conferences would yield their greatest benefits when held on the community level.

It would be profitable to both if the psychiatrist and the pastor read some of the same books. In a certain state medical school library, whose card catalog I have checked, there is nothing newer on the subject of religion than William James's old but valuable book, *Varieties of Religious Experience.* The medical students do not have access to such books as Oskar Pfister's *Christianity and Fear,* Gordon Allport's *The Individual and His Religion,* John T. McNeill's *The History of the Cure of Souls,* David Robert's *Psychotherapy and a Christian View of Man,* Harry Overstreet's *The Mature Mind;* and nothing by Paul Johnson, Rollo May, Seward Hiltner, Russell Dicks, Wayne Oates, and a number of others whom I might mention.

On the other hand, it would be hard to find a reputable seminary without some of the standard works written by psychiatrists such as Freud, Jung, Menninger, Alexander, Fenichel, Saul, English, Sadler, Fromm, Horney, and others. The time is coming, however, when the lion and lamb (which is which?) will lie down together. They are already on speaking terms.

Perhaps the very inadequacies of this paper are themselves a revelation of some of the needs in this field. Its thesis, however, that there is a problem and that the primary consideration ought to be the welfare of the individual patient or church members, is one with which we all, no doubt, agree.

---

[8] Cornell University Press, New York, 1948, p. 45.

THE RELIGIOUS STORY TEST AS A TOOL FOR EVALUATING RELIGIOUS GROWTH

THE REV. CHARLES V. GERKIN AND THE REV. DONALD G. COX

Protestant Chaplain at the Boys Industrial School, Topeka, Kansas, and at Manteno State Hospital, Manteno, Illinois, respectively

Serious students of Christian education, particularly those involved in work with children, have always searched for better ways of measuring the religious growth of children exposed to all of the various types of activities commonly known under the general heading of religious education. Many methods have been devised for teaching religious values to children. These range all the way from rather direct catechetical methods to the more experience-centered methods of what has come to be known as progressive education. However, when it comes to measuring the results of these educational efforts, considerable difficulty can be encountered. Since religion deals with such intangible things as faith, attitudes, ethical values, motivations, and rather abstract ideas, it is very difficult to measure the effectiveness of efforts to give Christian nurture to children. Add to this the problem of measuring how central or peripheral these concepts and attitudes may be in the experience of a particular child, and you have an extremely difficult problem.

Generally, religious educators have been content to judge their efforts by their fruits. If a child seems to exhibit Christian attitudes and ideas in his everyday behavior, then the educator is inclined to feel that his efforts have been of value and meaning to the child. In a setting such as the Boys Industrial School, Topeka, Kansas, where emotionally disturbed and delinquent children come for a relatively short period of residence, this problem of evaluation becomes even more important and complicated. Not only is the time short during which the children are brought under the influence of the educative efforts of the school, but the necessity of predicting what the child's behavior is apt to be when he returns to his home community is quite apparent. The whole problem of what kind of religious education is most appropriate and effective for work with delinquent children is one with which considerable pioneer work still needs to be done. This article is a report of a rather simple attempt at evaluating such a

---

The Religious Story Test, designed by George H. Weber, Ph.D., and Chaplain Charles V. Gerkin, was described in this *Journal*, 1953, No. 2 (Summer), 77-90, in the article, "A Religious Story Test: Some Findings with Delinquent Boys."

pioneer experiment which has been carried on at the Boys Industrial School in Topeka over the last eighteen months.

In February, 1952, an experimental Sunday School project was begun at the Boys Industrial School under the direction of the Protestant chaplain and the sponsorship of the Kansas Council of Churches. For this experiment a curriculum outline was drawn up by a committee composed of experts in religious education and people from the staff of the school who were familiar with the special problems and needs of delinquent children. A staff of ten volunteer teachers was recruited from the Protestant churches in Topeka. After six orientation sessions with the Protestant chaplain, these teachers began meeting with Protestant boys at the school who had volunteered for this activity. Classes were composed of from six to nine boys, and weekly sessions were held which were forty-five minutes in length. Rather careful supervision was given the teachers by the chaplain although they were encouraged to use their own initiative in working with the boys. The study to be reported here is an attempt to evaluate the results of this experiment.

Before proceeding with the report of this evaluative study some statement should perhaps be made of the working definition of religious growth which was assumed by those making the study. Religious growth is conceived as the movement toward the integration of religious concepts, ideals, and relationships into the entire personality of the child on the experience level. It was felt that the mere intellectual understanding of religious ideas was not sufficient evidence of religious growth. The religious concepts and values must have become an integrated part of the value structure within which the child lives and makes his everyday decisions. Thus the question as to whether a particular religious value was central or peripheral in the child's everyday experience is a crucial one. This concept of religious growth was also the basis upon which the experimental Sunday School program was developed.

The tool used for this evaluative study was the Religious Story Test.[1] This test was designed to elicit, through story telling, material which might throw some light on the covert as well as the overt religious life of adolescent boys and men. Because it was designed to reveal attitudes and concepts not easily obtainable directly from children it was felt that it was a good tool to use in measuring religious growth as conceived by those making the study.

The group tested was comprised of Protestant boys, aged 11 to 16, committed to the Boys Industrial School as delinquents. A control group of ten boys was selected at random from among boys who participated only in required Protestant worship services. A group of ten boys who voluntarily attended classes in the experimental Sunday school as well as required worship services was also selected at random. All twenty of the boys had been tested with the Religious Story Test upon commitment to the school

[1] See footnote at beginning of this article.

and had been in the school six months or longer. After the second testing of all twenty boys, the progress of each individual boy was evaluated without reference to name or whether the record belonged in the control or Sunday School group. This removed the possibility of "slanting" the results obtained in either a favorable or unfavorable direction.

In the evaluation of the test material, the attempt was to concentrate on certain areas of concern, in so far as they were relevant to the situation. Evaluation of the growth in the boys was on a "whole person" basis within the limitations of the testing tool. Since the total treatment program of the Boys Industrial School is designed to help the boys with their problems of growing up as well as to alleviate individual personality difficulties through the media of milieu therapy, individual and group psychotherapy, vocational and academic education, no attempt was made to evaluate these factors.

A portion of the evaluation emerges in a statistical mode. Since statistics fail to show the "feeling tone" of the growth, there are also some sample illustrations included, chosen from among the test responses. However, not all of the religious growth is seen so vividly as in the illustrations. The usual indications of growth are more often subtle, although still readily recognizable.

One of the first significant factors to show itself in the test material appeared within the area of the recognition and free use of religious symbols in the stories. In the six pictures of the Religious Story Test, there are to be found eleven definite, recognizable religious symbols, such as church steeples, crosses, etc. The free use of these symbols in the stories indicates to some extent the feeling toward these symbols, in the terms of the amount of "value investment" by the story teller. Purposeful omission of the symbols likewise can indicate possible negative, conflictual, or neutral feelings toward these things.

The statistical summary of the use of symbols was as follows: Out of a possible total of 110 symbol responses in a group for any testing, the control group used 49 such responses in the first testing and the same number in the second testing. The Sunday School group used 47 such responses in the first testing and 57 in the second testing. Thus we see no greater use of religious symbols in the control group at the time of the second testing, while in the Sunday School group there has been some 21 per cent increase in the use of symbols. This significant increase might seem to indicate a greater freedom in the use of the symbols because of their increased meaningfulness and incorporation into the life pattern.

In the measurement of movement toward positive use of religious concepts, five areas were chosen for evaluation. These were: Church, God, Prayer, Ethics, and Relationships.

In the area of the church and religious growth, there were a number of factors which showed movement. The lessening of ambivalent feelings

about the church, the feeling expressed about going to church, the reason for the attendance, and values found in the church services are areas which give a clue to the positive or negative feelings toward the church. In the Sunday School group there were eight boys who showed growth in feelings about the church, while in the control group only three responded on the positive side. An illustration of the growth is seen in the following:

1st Testing: Well this looks like a picture of a boy that skipped out of Sunday School or church. He's sitting under an apple tree looking at other children going to the chapel. Might be saying, "Why should I go to Sunday School." Might be planning on going fishing or something like that. After he got home, his mother gave him a spanking for not going to Sunday School.

2nd Testing: This seems to be the story about a country boy, sitting in the shade of a big tree. He's looking at the chapel trying to decide whether to go to the chapel . . . [What does he decide?] Decides to go. [Why might that be?] Main reason is he loves God and gets a good feeling from going.

The effort to measure religious growth in the area of ideas and feelings about God centered around the following questions: Is God seen as friendly and non-threatening or wrathful and judgmental? Is He available to give support and strength to those in need or does He simply demand conformity to a rigid set of rules? Is God seen in the higher aspects of the man-God relationship or is He seen merely as the giver of material gifts?

In the control group there were two boys who showed growth in concept of God, while eight in the Sunday School group showed positive growth. The manner in which the growth emerged is seen in the following examples:

1st Testing: Reminds me of a boy going to church on Sunday. [mhm] Wishing he didn't have to. He just goes by the church and goes uptown. Just messes around till church is over. He goes home and tells his mom he went to church. That's all. [Why didn't he want to go to church?] Might not like to hear all those stories they tell about God and decided to skip out and think about fishing.

2nd Testing: Well, this looks like Sunday and this boy is going to church. Going to study about God. [How does he feel about it?] Likes to go. Wants to become a Christian. If he goes and asks God for forgiveness, God will help him. [What might he think God is like?] A nice man who helps if you want help. [How does the story turn out?] He leaves church and feels better.

1st Testing: . . . this guy is praying to God . . . [What might this guy think God is like?] I guess he's a man . . . I guess a good man . . . Too good for you and I.

2nd Testing: Here is this guy praying . . . [What might he be praying about?] Some trouble he got in. He knows God will help him if he prays and really believes in Him.

Regarding prayer and religious growth, the criteria for the evaluation asked the following questions: Can prayer be used or do guilt feelings render this impossible? What is the basis for the prayer, a demand or a sincere desire? What is the petition in the prayer, a material object or is it help, guidance, and health, etc.? Is prayer used as a magical solution to problems, or is it used asking for strength to help solve ones own problems? The prayers tap many of the other aspects of religious growth since it is in prayer that many of the deepest feelings and attitudes of the subject are revealed.

> *1st Testing:* Well, he's praying before he goes to bed to help himself out. Probably thinks he should every night. Believes in God and believes he should. Probably tell God he wants a few things if he can have them cause he thinks he deserves them. [What kind of things might he be praying for?] Oh, a motorcycle or a car.
>
> *2nd Testing:* Looks like a boy getting ready for bed, on hands and knees. He's thanking God for what he had done the day before and hoping God can help him to be a better boy. [What kind of guy might this be?] He goes to church and goes to bed right and gets up in the morning with the satisfaction everything's okay.

In the control group three boys showed growth in the area of prayer and in the Sunday School group four boys showed this growth.

One of the most difficult areas to tap for evaluation of growth was that of ethics. The testing tool was not designed with this particular area in mind, but it is evident that ethical concepts of delinquents remain one of the very real criteria of growth. The foundation of the ethical code is laid upon the incorporation of the values of the parents as they become real in the parent-child relationship. From a conformity to external values as held by those love objects or by an institution such as a church which has apparent value for the parents, the normal child internalizes these and they become his "conscience." However, delinquent children often have faulty value systems due either to conformity to faulty environmental value systems or to the failure to internalize the value system of the parents because of difficulties in the parent-child relationship.

This use of an external value system and its partial incorporation represents a great portion of the religious growth which the institution attempts to foster. In the control group only one boy showed definite growth in ethical concepts, while four boys in the Sunday School group showed growth. For example:

> *1st Testing:* Once upon a time a boy named John . . . John would say his prayers every mealtime and night. But one night the devil tempted John into doing something he shouldn't have. The devil's urge was bullying John out into the world and sinners . . . [What was the devil tempting John to do?] To steal—start out stealing cookies and then big things, cookies one night, cake the next, hamburgers the next, and finally a car. [How does the story come out?] Don't know. He's still out in the world of sin.

2nd Testing: This is a boy saying his prayers. That's all he's doing. It's a little boy, no, a big boy. He says his prayers and hops in bed. [What's he praying about?] The nice day, about his folks and school. [This guy ever get in trouble? Sometimes he has trouble?] Naw. [Why might that be?] 'Cause if he messes up he feels bad inside. It makes him sad at night so he don't get in bad trouble.

The final area which was evaluated was that of relationships. Only as there appears positive growth in this area can the religious program be considered successful. Much of the delinquent behavior which children manifest has as its basis the "acting out" of feelings about disturbed interpersonal relationships. Since the total program of the Boys Industrial School is designed to make possible more meaningful interpersonal relationships for the boys, we find growth in both groups at its highest peak. There were five boys in the control group who showed growth in this area while nine of the Sunday School boys showed growth. Criteria for growth lies in the measurable lessening of the hostility toward others, or, in very passive boys, the more open expression of this hostility. When there is involvement and interplay and warmth seen in the relationships, the indications point in the direction of growth.

1st Testing: This guy's mother and father are going to have an operation and he's praying about that. Maybe they have cancer and they're going to have to cut out half their intestines or something. Praying that they come out from under the ether. [How does the story turn out? Is the prayer answered?] You mean does God answer him? [mhm] Yeah, I guess so, sometimes.

2nd Testing: This guy is praying in church or thinking. [What about?] About his folks. They're sick and he's praying for them to get well. [What happens to his folks?] They get well. They're not very sick. In a couple of days they're o.k. and it's Sunday and they get dressed and go to church together.

A summary of areas shows that, out of a total of 50 possible indications of growth per group, the control group showed 14: Church, 3; God, 2; Prayer, 3; Ethics, 1; Relationships, 5. The Sunday School group showed a total of 33 such indications of growth: Church, 8; God, 8; Prayer, 4; Ethics, 4; Relationships, 9.

It would seem that there are indications that the experimental Sunday School program has been at least partially successful in aiding the process of religious growth. The fairly great difference between growth in the two groups provides some sense of feeling that the direction of the program has been positive. As an evaluation of the impact of the total Christian education program of the school, this would seem to leave many unanswered questions. Yet the sense of direction that it provides can well be the basis for future work in this field.

RELATIONSHIP THERAPY WITH A DELINQUENT BOY

THE REV. KENNETH R. TIMKEN

Resident Chaplain at Rusk State Hospital, Rusk, Texas

Treatment institutions for delinquents frequently plead today for greater "team play" and interprofessional cooperation between the various disciplines involved. It is not always easy, however, to spell out the specifics involved in this cooperative effort. The purpose of this paper is to illustrate with the use of an actual case how interprofessional collaboration has worked for positive therapeutic results.

Professional teamwork is called for on the basis of recent experiences which tend to show that treatment of the delinquent, difficult under any circumstances, is most fruitfully effected through the marshalling of the diverse resources at hand, that is, the disciplines of social work, psychiatry, psychology, education, and the religious division working creatively together. Such experiences seem to indicate that no particular discipline provides all the treatment resources desirable—and that all, under most circumstances, offer some therapeutically competent aid.

It is hoped, further, that this paper may throw some light on the therapeutic role of the chaplain in a specific situation, also that the reflections presented here will be interpreted as suggestive, rather than exhaustive or definitive.

When Robert B. was committed to the training school, he was a nice-looking, blond boy who gave the impression of advanced physical maturity. He was a white, 16-year-old, Protestant lad who came from what would be considered a middle-class family.

Burglary of his own home was the reason for his commitment. The boy had taken his brother's wrist watch and luggage as well as clothes and cash belonging to the father. He was finally apprehended in a mid-Western state when it was discovered he did not possess proper credentials for the military clothes he was wearing. The father swore out a warrant and the boy was subsequently sent to the training school.

Robert had a history of delinquent behavior dating back to early childhood. Stealing of money from his mother, friends, and neighbors began at the age of six. His father, an officer in the military service, had changed residences several times and the family usually moved with him, even to Europe where the entire family resided for four and one-half years. During this period Robert truanted frequently from school and was involved

in numerous minor delinquencies. When the family returned to the United States, the boy was taken to a well-known private school for boys. He ran away within a few hours.

The parents had been married about twenty years and had four children—Robert, an older sister, and two younger brothers. All his siblings were in good health and none had ever had difficulty with legal authorities. The parents spoke of them as being well-behaved children and particularly praised the adjustment of the youngster next in age to Robert.

Our social history reveals that neither of the parents had been able to cope with Robert's deviant behavior. The father attempted to deal with him by repeated beatings, chaining him to the bed, and verbal lashings and threats. When his son's behavior almost resulted in his own dismissal from the service, he had the boy placed in a psychiatric ward for observation and diagnosis. In relation to the boy, the mother generally played a secondary role, always complying with the wishes of the father.

Upon his arrival at the training school, Robert underwent extensive examinations by the staff doctor, dentist, speech and hearing specialists. He was tested individually and as a member of a group by the psychology department. A psychiatric social worker interviewed the boy and obtained basic data. The chaplain saw him for an initial religious interview.

The diagnostic findings of all these services were pooled at the diagnostic and treatment staff meeting. Medically, it was found that the boy had defective vision, was suffering from partial deafness, and had a painful discharge from his ears. Referrals were made for immediate treatment. Emotionally, Robert was seen as a very inadequate boy who had experienced considerable rejection by both parents. It was felt that the hostility related to this rejection was denied by the boy and acted out aggressively in his delinquent activity. This conclusion was made: "There is danger of the boy's developing a fixed, aggressive pattern unless he can be helped to develop a relationship with adult males who are accepting and understanding of him." A tentative diagnosis of "character disorder" was made but the staff felt that a more thorough psychiatric work-up was necessary before a treatment program could be mapped out.

The second staffing confirmed the diagnosis of character disorder. The psychiatric evaluation revealed that Robert evidenced considerable impulsivity, weak ego controls, and a superego that was weak and ineffectual. He was felt to be guided generally on the pleasure-pain principle. The psychiatrist reported that Robert tended to act out the conflicts of the family situation in the environment with little anxiety or guilt over his antisocial behavior. There was evidence, however, that the boy was fairly well motivated for treatment and could be a gratifying treatment prospect. The first step suggested was the establishment of a meaningful relationship with a warm, accepting, and adequate father-substitute on whom he could become dependent and with whom he could strongly identify. The staff adopted

this treatment plan, discussed the assignment of the boy, and made other medical referrals relevant to the somatic difficulties.

At the request of the counselor, the chaplain saw the boy to consider with him the possibility of treatment interviews. Robert responded affirmatively, understanding that these sessions were structured to be of help to him in his problem of living. From the beginning, the chaplain made clear the nature of these office interviews. The staff subsequently recommended that the chaplain become the key treatment resource with this boy and that other facilities align their contributions to coincide with his therapeutic plan.

Robert was at the training school for a period of seven months and was seen regularly by the chaplain for five and one-half months on an average of twice weekly in an office-type interview as well as on many less formal occasions. Sometimes they took a walk around the lake on the grounds, or they visited a soda bar for refreshments. Even these informal contacts were deemed to be therapeutic in the sense of fostering a wholesome father-son type of relationship. An additional contact was afforded weekly through the compulsory chapel service.

In this relationship, the chaplain offered support and encouragement, along with some interpretation, and was accepting of all attitudes and feelings elicited. The treatment plan, in brief, was to help Robert face and handle constructively the internalized hostility for the parents, particularly for the father (which was closer to the surface), and to evoke some awareness of the nature of his aggressive acting-out toward society. Realistically accepting the limitations of the treatment program, our staff sought for no basic reorganization of personality—which would take perhaps years in a special kind of situation—but endeavored to strengthen the controls, bolster self-esteem, lessen inner hostility, and provide partial awareness of his basic problems. In a word, the plan was to convert a personality with a characterological defect into a socially acceptable neurotic.

An increasingly dependent relationship was established with the chaplain as the boy saw him to be a father-substitute. Initially, Robert was rather bewildered that no demands were placed upon him and that he could feel and act, within school limitations, as he chose. The content of the interviews was diverse and included current problems faced in the training school as well as past experiences and feelings spontaneously discussed by the boy.

As always, he tended to act out familial conflicts in the environment, this time within the institutional framework. These were usually of a minor nature and in his newly found "freedom" he became much less inclined to act out in an impulsive manner. Robert spontaneously expressed deeply rooted hostility toward the parents but this tended at first to remain on the verbal level. Later on, it aroused underlying anxiety and his ambivalence was pronounced. The dependent relationship with the chaplain aroused mixed feelings which were discussed in the framework of his

parental relationships. At times he seemed under pressure to talk, often saying, "It makes me feel good inside when I get this out." His basically low self-concept, heretofore denied by the boy, was manifested in such remarks as, "You know, I feel awfully dumb sometimes—just like I wasn't very bright for doing the same thing over and over," or, in reference to his parents, "I felt like nobody cared and when nobody cares—well they don't care what you do either."

The chaplain kept in constant contact with cottage parents, teachers, work supervisors, counselors, and others who figured in some way in the total treatment program for Robert. Supervisory conferences were held with the clinical director to evaluate progress and treatment goals. A clinic-wide seminar, led by the staff psychiatrist, was held to clarify treatment procedure, dynamics involved, and current material produced in the treatment interviews. It was suggested that some work be done with the parents to prepare them for the reception of the boy into the home. It was also recommended that a temporary absence be utilized as a treatment resource.

In the meantime the boy was interviewed for the second time by the psychiatrist for re-evaluation. The psychiatrist felt that Robert indicated some changes and that the initial plan should proceed. Part of his conclusions are quoted:

> The big questions yet to be answered are how deeply has this change permeated his personality and how permanent is it? The time has been too short to effect a real alteration of personality in a boy as disturbed as this. The most important factors in evidence are the patient's motivation for treatment and his apparent capacity for growth. These are important positive working materials. Rather than a cure, there has been a strengthening of ego controls and an attempt to internalize conflicts rather than act them out. The mechanisms employed are suppression, denial, and to some extent, repression and reaction formation. The latter technique is employed when the patient attributes so many noble qualities to the father against whom he still must have tremendous hostility. Since insight in the analytic sense cannot be a realistic goal here, the conversion of this boy into a neurotic is desirable. That is what is being accomplished.

Let us pause here to observe what has taken place thus far in the way of interprofessional collaboration. Medical, psychiatric, psychological, religious, and social services have acted in diagnostic capacities. Without this basic understanding of the dynamics involved, no treatment program could proceed on an understanding basis. This is particularly important in view of the plight of the average institution for delinquents. Overcrowding, limited personnel, and restricted program all emphasize the necessity for knowing what is wrong and how, within the prescribed limits of time and resources, something can be done that is therapeutically valid.

Treatmentwise, numerous individuals are observed to have made positive contributions. Medical treatment by our staff physician and by out-

side specialists resulted in great improvement in the physical symptoms Robert initially displayed. In the academic area the treatment-oriented teachers were aware of Robert's problems and the chaplain met with these and other institutional workers to discuss progress and treatment goals. Inasmuch as the raw material of interpersonal relationships is seen as basic to any kind of therapy, one may realize that all human interaction can be therapeutically constructive. In Robert's case, the relationship with the cottage parents was particularly fruitful since it was essentially of a giving nature. As the guiding person in the treatment program, the chaplain sought to emphasize to all personnel in contact with the boy the mutuality of concern and contribution that could be made.

We have seen thus far that the disciplines of psychology, psychiatry, and social work, together with the religious division, have been able to share creatively together their distinctive contributions for the well-rounded program. Accepting certain areas of responsibility in their distinctive roles, the clinically oriented professional people of these disciplines were able to move together toward a realistic plan of therapy for the boy under their care.

Looking toward the boy's eventual release from the training school, the chaplain initiated contact with the parents and worked out with social service a temporary absence for the boy. As a treatment resource and a testing period this plan was quite fruitful. Later on the chaplain had a personal interview with the parents to consider with them their concern over Robert and his return to the home. It became apparent that they were in need of clarification of their relationship with their son and so the chaplain made plans for their consultation with the staff psychiatrist at a later date. The psychiatrist reported that this was a highly successful session and that the parents, particularly the father, responded well.

As interviews were continued with the chaplain, this relationship, as anticipated, began to provoke underlying anxiety in the boy. The chaplain refrained from deliberate probing and touching upon sore spots, but the nature of the dependent relationship inevitably stirred up the deeply rooted fears and hostility directed toward the father. It became increasingly clear that Robert conceived the father to be an extremely competent—almost omnipotent—parent who made strong demands but gave little in terms of warmth and affection. With the chaplain this role was somewhat reversed and at the same time offered the kind of relationship in which the boy's extremely strong impulses could be kept under moderate control.

When Robert came to the training school, he had a long history of juvenile delinquency of a rather serious nature. He had no genuine emotional tie with significant people in his family and a minimum of anxiety and guilt over his antisocial behavior. Realistically, one could say that here was a boy moving rapidly in the direction of adult criminality, the consequence of which was painfully clear.

He was not a healthy individual when he left the training school about

seven months later. Some anxious concern was evident over the partial insight gained into his own behavior and deeper feelings, and this was felt to be desirable. On the other hand, there was considerably less tendency to act out impulsively and irrationally in the environment. The general picture was that of a person who had discovered unknown strengths and capacities within himself and was beginning to move in a new and more creative direction.

From the material presented, it seems rather obvious that the chaplain entered into and acted within a specifically therapeutic role, somewhat outside the traditional framework of religious terminology, ritual, and practice. Can such a role be justified—or does it need justifying? In a nutshell, what has the professional role just described to do with the ministerial functions?

The dynamic view of personality—in terms of interpersonal relationships—has helped us toward a better understanding of what is basically "religious" and what is often secondarily so. Jesus often expressed his concern over mere appearances in contrast to the reality of life-situations. Thankfully, the body of psychiatric knowledge that has emerged in the last half-decade is decidedly of advantage in enabling us to envisage both the inside and outside of the cup. It has abetted man's quest for meanings amidst the depths of his own experience and certainly this is deeply religious.

For example, character formation, the capacity to receive and give love, the ability to grow and move out toward more maturing experiences—all of which concepts are basic to the Christian religion—are illuminated by comprehending the complex and delicate intermingling of diverse forces at work in interpersonal relationships.

When one deals with individuals in whom there is pathological interference to constructive relationships, as in the delinquent boy, it is all the more necessary to be aware of one's own role as it is related to the persons who face problems in their living.

It is the contention of the author that one's efforts to effect more positive and mature patterns of living are by all means a healing ministry, a coming to grips with basic religious concerns. To carry out this kind of a healing ministry with therapeutic skill, the chaplain may well employ some of the same techniques—and to a large degree share the same understandings—as other professional workers engaged in psychotherapy. A significant difference is that the chaplain, as a Christian minister, is not limited by viewing human experience within the framework of the humanistic sciences. He believes that Jesus Christ and the events which flowed from His life and death are related to the vital needs of man.

Admittedly, many kinds of therapy can be justified as Christian or "religious" on the basis of their humanitarian concern with the individual and his integration into the social framework. On a strictly humanistic level, therefore, most therapeutic endeavors are justified in the religious sense.

In the case under discussion, however, these questions are raised: What other than his specifically psychiatric role has the chaplain fulfilled? Is he masquerading under false pretenses? Is there a distinctive pastoral role here, as well, that has moved out beyond the technical skills involved in psychotherapy?

The author believes the latter question should be answered affirmatively. By this he does not mean merely that the chaplain, as a representative of formalized religion, was the embodiment of conscience, God, and moral law. This was indeed probable and this aspect of the relationship had a special meaning from the boy's point of view. Carried to its logical conclusions, such a conception is a dangerous one since it tends to throw the pastoral function into a semi-divine one. In this instance, the chaplain makes no claim for manipulating divinity.

What is meant is that the chaplain-pastor brings into the relationship —and makes accessible in the relationship—concerns with ultimate meaning that are usually ruled out in most forms of psychotherapy. For example, by the very nature of this relationship, Robert was at times confronted with the reality of death, finiteness, and sin—as well as love and redemption—and consciously struggled to come to terms with them in the light of his own experience. To be sure, the chaplain recognized the pathologically fixed self-affirmation of the boy and dealt with this first and foremost. But as this was done, as the pathological elements in the character structure were reduced, other and more "human" sources of anxiety were ushered in as the boy began to be able to face himself. As pastor, the chaplain recognizes the legitimate place of this kind of anxiety in the life of any individual who is confronted with Life itself.

While it is true that the chaplain refrained from introducing into the boy's framework things which were of more concern to the chaplain than to the boy, it is inconceivable that he could remain purely "neutral" and fail to communicate his own feelings, attitudes, and ideas within the framework of his own Christian understanding.

A final observation would be that, in the therapeutic relationship under discussion, the strictly psychiatric role was predominant. In other instances this would be more or less true, depending, of course, upon the exact circumstances. But it is believed that a concrete element of pastoral care is deeply implicit in such relationships with the chaplain.

It is worth remembering that Jesus devoted a large portion of his work to what might be aptly described as a healing ministry. In recognizing the nature of this kind of work with delinquent children, the chaplain bears in mind that he is fulfilling but one step—however necessary it may be—toward the eventual maturation and spiritual wholesomeness of the individual. In the case of Robert, only a very small step was made. He was a lad who had generally been deprived of meaningful experiences within the church. Some basic groundwork had to be accomplished before most

churches—which deal with so-called normal boys and girls—could further his Christian nurture.

Hopefully, churches, religious schools, and informed and concerned parents are able to take up the lives of such boys as Robert and direct their energies and unfulfilled capacities toward the fullness of the Christian life.

To further this end, interprofessional collaboration in the treatment of delinquent boys—in which the chaplain fulfills his role—can make a decisive contribution.

AN EXPERIENCE WITH RESPONSIVE COUNSELING

THE REV. SAMUEL SOUTHARD

Pastor of the Fort Mitchell Baptist Church, Covington, Kentucky; formerly Instructor in Psychology of Religion at Southern Baptist Seminary, Louisville, Kentucky

Recent issue of this *Journal* have given some attention to the relation of client-centered counseling to the ministry, but no examples of pastoral counseling were included.[1] Therefore it is difficult to know the actual value of this type of counseling in a specific interview. The personality difficulty for which client-centered therapy is, or is not, helpful needs careful consideration. The following discussion will consider the question of such therapy with a mental hospital patient labeled "paranoid schizophrenic." It is my hope that other counselors will write up their experiences with this or other types of personality disorder so that I, for one, may obtain some clear picture of the specific relevance of client-centered counseling to the work of the ministry.

The case that I have chosen to present illustrates one particular Rogerian technique—reflecting back the feeling of the counselee. The technique was natural for the counselor, who is a quiet, unassuming individual. In contrast, the counselee was a towering, aggressive person who sought to dominate everyone.

The patient, Mr. W., entered a state mental hospital on November 10, 1952. He had gotten into several fights at work because of his persistence in "speaking to men about the Lord." He also had threatened his wife. As one of the staff chaplains, I interviewed this patient soon after his admission. He spoke in mysterious terms of his great power, and modestly admitted that he had saved 1,563 souls in the last two years. Since I am a naturally aggressive person, I asked a number of questions about his "power" and about his previous religious experience. I did not directly question any of his assertions, but my questions did not indicate approval or assent; they were designed to get more information.

Since Mr. W. presented much religious ideation, he was assigned to one of the student chaplains for one interview a week, beginning in January, 1953. In the meantime, one course of electric shock was begun. It terminated without any appreciable change in the conduct of the patient.

[1] Carroll Wise, "Client-Centered Counseling and the Pastor," Vol. VII, No. 3; Orville Walters, "The Minister and the New Counseling," Vol. VII, No. 4.

Instead, the delusions of the patient gradually crystallized, and he came into conflict with some hospital personnel as he sought to dominate everyone. I experienced this attempt at domination when I visited the patient on the treatment ward. During these visits I undertook no counseling, for that was the job of the student counselor. Instead, I observed the progress of the patients before I read over the verbatim reports of the student who counseled with them.

The verbatim reports on Mr. W. indicated this spirit of growing domination and open delusional misrepresentation. They also indicated a faithful reflective response on the part of the counselor. Since the students were absorbing Roger's *Client-Centered Therapy,* the student-supervisor discussions on technique centered about that book. Everything seemed to progress as a typical "learning situation" should progress until I was confronted one day by Mr. W. with the following statement:

"Chaplain, you are living in sin!"

"How's that?"

"You do not answer me as my true servants do. God is not pleased."

"Who are these true servants?"

"Chaplain G [the student chaplain] is one of them. When I speak to him, he looks right at me. I look into his brain and control his thoughts."

"How do you know?"

"Why, he repeats back to me the very words that I say to him! Can anyone doubt me after that?"

It then began to dawn on me that the reflective technique was not necessarily the best treatment for this patient. I therefore reported my opinion to the student and told him to set some limits on his reflective technique—which I had helped to teach him.

When the student returned from his next interview, he said that our conference was providential, for Mr. W. had really been trying to "twist his arm" that day. Here is his record of the conversation:[2]

P: (interrupting the worker's social contact with another person): I want to see you when you get through.

C: All right.

P: Sit on the bed.

C: I don't want to sit on somebody's bed.

P: It's all right. I'm sitting on one [makes room for worker on his bed]. You will remember that I told you some time ago that God is my father. Well, we have been working since I have been here and have gained a lot of power over the brains of people.

[2] *P* indicates patient; *C* indicates counselor.

C: You feel that you and God have a lot of power.

P: *Feel!* I want you to understand one thing. God has all power. We can control everything you do. We are tired of fooling around with these preachers that will not accept our will. They are not worth a D . . . and we are tired of putting up with it [explosively].

C: You feel that because they are not willing to work with you and your Father, they are not worth a D . . .

P: Yes. This old way of preaching and people not understanding is not worth a s . . . But you are different. I notice that you repeat the same words after me. That's because you believe. I noticed you did the same thing last time we talked. You look me right in the eye. When I look off and look back you are still looking me in the eyes. You may bat your eyes but you still look at me. The thing I say goes in your eyes and directly to your brain and you repeat it back to me.

C: You feel that all this is because I believe in you and your father?

P: You must believe [imperative]! Since you are one of our preachers, we are talking privately and no one should know what we have said. There is no case history of me in this place. Pop and I have decided that this morning you are to go over to the office and sign me out of here.

C: Mr. W., you will remember that I told you, or did I make it clear [gently] that I can relate to you as a friend but not as a signer-outer.

P: Now listen, get this clear. You are not dealing with just another man. We are planning to make men obey. We are not going to count the cost of one life or a thousand. The papers are over there, and a minister can sign out anybody anytime. Our will is for you to go right now and sign me out.

C: You feel that I must obey you and your Father's will.

P (aside): Pop, he still doesn't obey. I've told him and he still is answering back.

C: Now you are talking to your Father about me.

P (talking for God): Don't worry. He must obey. [Turns to me] Now listen. You've got to have a lot of faith in us to carry this thing through. It is our will that you go right now to the office and sign these papers.

C: As I told you before, I cannot do this.

P: You've got to have faith to see this world is in an awful condition. It is all tore up.

C: It is all tore up.

P: And the only way we are going to do anything is for these preachers to stop patting the people on the back when they are living in sin.

C: You feel they pat them on the back instead of trying to convict them of sin?

P: That all I have to say today. [Pause.] [Talking for his Father] He can go and visit two or three others around now.

C: Well, so long, Mr. W.

I commended the student for his courage and his ability to stick with the patient through a very trying episode. Since his period of clinical training was almost over, it was a little late to try to re-educate him on the limitations of the method he was beginning to learn.

What can be done? The client-centered method is an excellent control over the anxiety of the student and protects the patient from too many interpretations which arise out of the student's anxiety. Yet this must be presented as an emphasis, a corrective, rather than as a rigid counseling technique. Rogers, an experienced counselor, does not consider it a rigid technique, but a beginning student wants to hold to some simple—rigid—rules that will carry him through a half-hour interview with poise and some perception. *If* every counselor had the opportunity to interview two hundred persons with a psychiatrist, and afterwards discuss each person with the professional diagnostician, then we could say: "Do not use this method with paranoid persons." But this would require training in diagnosis at the same time that the student is being warned against it and is being encouraged to understand the counselee's "internal frame of reference."

One thing is sure. Staff chaplains should take all counselees such as Mr. W. for therapy. It would help to increase their humility.

The Journal of
Pastoral Care

VOL. IX SPRING, 1955 No. 1

EDITORIALS

In Memoriam

It came as a real shock to learn of the unexpected death of Dr. David E. Roberts. For years he had been an outstanding contributor to the field in which the *Journal* is actively concerned. His book, *Psychotherapy and a Christian View of Man,* is a landmark of insight and understanding to help bridge the distance between religion and psychiatry. His contributions to the Council for Clinical Training, as a member of the Board of Governors, were always appreciated and helpful. Many of us have lost a warm personal friend, and the field of pastoral care has lost a devoted and gifted worker. The world of theological education has suffered a grievous and irreparable loss at his sudden and untimely death.

E. E. B.

Editorial Board Changes

With the acceptance of the resignation of the Rev. Robert D. Morris at the Editorial Board meeting in December last, the Board has lost one of the pioneers in the *Journal's* history.

Bob Morris was one who worked hard at the idea of a professional journal in the field of pastoral work at a time when there were not many who shared his concern, and he finally saw the results of his labor materialize in *The Journal of Clinical Pastoral Work.* As Editor-in-Chief of that journal, he continued his efforts so that the new publication might attain professional recognition. In this he was able to achieve success. When a merger was achieved between *The Journal of Clinical Pastoral Work* and *The Journal of Pastoral Care,* he continued his active interest as an Associate Editor on the merged journal.

He has always contributed generously and willingly both of his time and vast experience as a clinically trained clergyman, and as such, both in

his editorial capacity and as the author of a number of significant papers, he has made valuable contributions to the *Journal's* sphere of interest.

Now that he has entered a new area of work devoted primarily to research, he has found it difficult to have available the time needed for editorial duties. We are deeply grateful to him for his many contributions not only to the *Journal,* but equally to clinical pastoral training and for a dynamically oriented ministry in pastoral care.

With this issue we welcome to the Board as an Associate Editor one who has gained increasing recognition for his contributions to pastoral counseling and clinical pastoral training. Dr. Carroll A. Wise brings to us the experience and insight of much pioneering work in the areas of pastoral care.

Carroll obtained his clinical training under the founder of the Council for Clinical Training, Dr. Anton T. Boisen. Following this, he succeeded Dr. Boisen as Chaplain at the Worcester State Hospital in Massachusetts. After an earned doctorate in theology and teaching at Boston School of Theology, he increased his experience as Director of the Department of Religion and Health, Toledo Council of Churches, pastoral counselor at the Hennepin Avenue Methodist Church in Minneapolis, Minnesota, and then assumed his present position of Professor of Pastoral Psychology and Counseling at the Garrett Biblical Institute in Evanston, Illinois. In addition to his present teaching duties he serves as a counselor on the staff of the Chicago Temple (First Methodist Church) in Chicago and is on the Editorial Board of *Pastoral Psychology.*

He is the author of two definitive works in the field of pastoral care: *Religion in Illness and Health,* a classic in the field, published in 1942; and *Pastoral Counseling: Its Theory and Practice,* published in 1951. He has also written numerous articles published in various professional journals.

We look forward to long and profitable association with Carroll Wise as he shares with us the wealth of his experience in ministering to troubled people through the vast treasure of the Christian faith and practice.

E. E. B.

COMMUNICATIONS

Pastoral Counseling Service: A Report

The Pastoral Counseling Service at Boston University School of Theology is dedicated to helping persons of any creed seeking help with their varied personal problems when caught up in situations which they do not understand and can better work through with counseling. The goal of the Pastoral Counseling Service is to aid those seeking its help to achieve the highest level of life fulfillment of which they are capable with resources available.

This service continues to be available to the community through the generous grant from the Danielsen Fund and the devoted service of the counselors and consultants, as well as the cooperation of related services in Boston University, the referring pastors, social agencies, hospitals, and other public and private resources of the community.

Statistics. During 1953 there were approximately 1100 interviews involving 185 persons. Of those seeking help, 154 were from the surrounding communities and 31 were students in the various departments of Boston University. The clergy continues to be the leading source of referrals, while some come because they have read of the Counseling Service or have been referred by similar services in other states and by friends. The trend in the counseling program seems to have been toward seeing persons in longer series of interviews. A more detailed statistical summary of persons and services for the year is given at the end of this report.

Public Relations. We have continued to have helpful public relations through the local newspapers, various publications in the fields of medicine, psychology, religion, and social service, as well as on the radio. Following the mailing of our Pastoral Counseling folder with accompanying letter in January, 1953, about 1750 additional folders were distributed in response to requests received for additional copies. Again in September a letter was sent out to clergymen throughout Eastern Massachusetts with a new folder giving new data concerning our fall work. Some 750 additional folders were sent out at this time in response to requests for church use. Requests have been received for folders from varied sources, including an out-of-state Navy chaplain, the Superintendent of a State Reformatory, and a judge who wished folders to be placed in the Probation Office of a District Court.

In November, 1953, a second Workshop on Pastoral Counseling was conducted at the Boston University School of Theology to which pastors of suburban communities around Boston were invited. It was felt that by doing this we would reach a different group of ministers from those attending the first Workshop. This Workshop was attended by approximately 100 clergymen and it was the sense of those who attended that new insights into the goals of counseling were achieved. Plans are under way for a third Workshop which will provide a sound, helpful program designed as far as possible to meet the need of the pastor in the field.

Administration. We continue with a staff of eight counselors, all ordained ministers with specific qualifications in psychology as well as theology, ex-

perience in clinical relationships, human understanding, and religious insight. Staff meetings are held weekly to talk over problems which arise in the counseling sessions. In addition to our staff counselors, we have an educational psychologist, a clinical psychologist, a consulting psychiatrist, and a consulting social worker who are present at staff meetings and available for consultations. The proceedings of staff meetings are recorded by the secretary for reference.

Our Advisory Committee, comprised of representative leaders in the field of theology, psychiatry, general education, and business, has met twice during the year to consider matters of policy and procedure as well as promotional activities of the Service.

Questions to Consider.

1. Shall we continue the trend of longer series of interviews, aiming to be more helpful to fewer persons?

2. In public relations is it better to cultivate those sources of referral where our services may be understood and appreciated rather than to inform the public in general?

3. Shall follow-up letters be sent once or twice a year to persons who have come for counseling to maintain active relationships, and to invite them to recommend our services to other persons they feel would be helped?

4. Is it well for the Fall Workshop in Pastoral Counseling to invite the same pastors each year or to invite a new list of pastors and/or members of other professions?

5. Is there merit in charging a nominal fee of $1.00 per visit, or shall we give more emphasis to voluntary contributions? Is it well to investigate and appeal to other trust funds for extension of the program?

6. Has the time come to offer group therapy, perhaps one evening a week for a homogeneous group, such as married couples or students' wives?

7. Shall we consider a more extensive educational program in pastoral counseling for pastors in service? If so, would it be well to offer a credit course for one or two semesters one evening per week? Or would it be better to have an intensive workshop for two or three weeks in the summer?

8. Requests are coming for help in designing pastoral counseling centers in local churches and councils of churches. Is it wise for our staff to prepare a first draft for a blueprint which might serve as a guide in consultation with those who request it?

Conclusion. It is difficult to give statistics which will adequately show progress made. In some instances referrals have been made to private psychiatrists, to psychiatric clinics and psychosomatic clinics. During the year assistance has also been given to those involved in emergency commitments to mental hospitals in some instances. Many have gone out with a new perspective and new hope for the future.

We believe that the steady flow of persons who come to the Pastoral Counseling Service, filling in all of the available time and making it necessary to

keep a waiting list, is evidence that the Pastoral Counseling Service is helping people who seek inner growth and better relationships in their family and community.

The statistical report for 1953 of the Pastoral Counseling Service shows that the total number of persons served was 185: Boston University School of Theology Students, 19; students from other departments, 12; non-University, 154. Referrals were from the following: clergy, 86; Boston University School of Theology, 17; Pastoral Counseling Service staff, 17; University personnel, 6; social agencies, 27; self-referrals, 19; friends or relatives, 8; Boston University Marsh chapel, 5.

The total number of interviews was 1098. In January there were 81; February, 65; March, 109; April, 97; May, 94; June, 37; July, 40; August, 27; September, 45; October, 116; November, 91; December, 91; for a total of 893. In addition there were 24 pastoral consultations, 43 consultations with psychiatrist, 74 consultations with clinical psychologist, and 64 consultations with faculty supervisors, for a grand total of 1098.

The problem classification was as follows: marital relations, 60; anxiety and guilt, 27; parent and child relations, 25; vocation, 21; psychotic trends, 14; self-emergence, 9; sex problems, 9; health problems, 7; education, 5; grief, 4; and miscellaneous, 4.

Paul E. Johnson, *Chairman*
Viola W. Staveley, *Administrative Coordinator*

BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

Morals and Medicine: Joseph Fletcher, with a Foreword by Karl Menninger, M.D.; Princeton University Press, Princeton, New Jersey, 1954. 243 pp. $4.50.

The author, a well-known liberal teacher in the Episcopal Theological School in Cambridge, examines the moral aspects of five medical problems: medical truth-telling, contraception, artifical insemination, sterilization, and euthanasia. His appeal is for a "moral approach" to these problems of health, life, and death rather than using as the sole basis of decision for any particular course of action whether it is "medically good" or "evil." Our moral claim to "personal integrity," he states, is based on our "human freedom of choice" and our "knowledge of the facts that bear upon our choices." He pleads the "ethical case for our human rights" to know the medical facts about ourselves; and, "certain conditions being satisfied," our right to use contraceptives, "to seek insemination anonymously from a donor," to be sterilized, and "to receive a merciful death from a medically competent euthanasiast."

The presentation of the patient's right to know the truth is on the whole excellent. Though the author mentions it, there is insufficient emphasis, however, on the fact that there are several ways, without evading the basic issue, for a physician to tell the truth, varying with the patient's intelligence, cultural background, psychological state, and physical condition. Neither is there enough emphasis on the medically sound point that often therapy will fail because the physicians gets "too far ahead" of a patient rather than starting with him "where he is." For his purposes the author also makes more of a distinction between the truth-telling situation in internal medicine and in psychiatry than is warranted.

In considering contraception he discusses the familiar historical arguments against its use advanced primarily by the Roman Catholic Church. Here as elsewhere he disagrees with the stand of this church in the problems discussed, though he states unequivocally that Catholic moralists are the only ones who have expended any real care and concern about the ethics of health and medicine. It is unfortunate he does not even touch on certain disease states where there are medical indications (apart from purely moral ones) of the highest order demanding contraception, which would certainly not be questioned by high minded non-Catholic physicians of the highest competence. In the author's discussion of contraception one cannot escape the feeling that, while the theologians are fighting out an issue on moral grounds alone, the physician stands motionless on the side lines as a non-participating observer of the verbal battle.

The rapid strides of medical science making artificial insemination possible for humans have been so relatively great that there exists only a very small body of knowledge regarding its legal and moral implications. Whereas the semen used may come from the husband, it also may come from another person, usually a paid donor. This fact immediately splits the problem in two, the

latter course of action, which is the much more difficult one to solve, also bearing the real brunt of theological opposition. The author weaves his way skillfully through the legal, social-cultural, and psychological thickets in his defense of the right of a married woman to overcome childlessness.

In considering sterilization his therapeutic reasons have a powerful appeal for any physician, and to a non-Catholic they seem to override even the most elaborate of the Roman Catholic claims that it should be rigidly prohibited. In dealing with sterilization of certain mental defectives for genetic reasons his case is clear, but in the case of other diseases less so. When he examines sterilization for punitive reasons, certain of the points he makes appeal to the medical mind. However, the danger of its misuse is so great that, to this reviewer at least, it seems more evidence must be accumulated before widespread approval can be given to compulsory legal sterilization.

Probably the most controversial of his five topics is euthanasia, "our right to die," though the discussion is carefully limited only to those situations in which the physician "advises against reasonable hope for recovery or of relief by other means" *and* where the patient himself requests euthanasia. Following his prior thesis that "personality is supreme over mere life," he argues for the patient's right when personal "disintegration" has set in to have his life ended, though only under careful medical and legal scrutiny.

This excellent book, in some quarters certain to arouse great opposition, is much needed by both the non-Catholic ministry and the medical profession, as it presents a forceful and intelligent appeal for a new moral approach to certain controversial problems in medical care. The parish minister understandably approaches these problems primarily from the spiritual point of view of the patient and his family. The author makes him aware of some of the psychological and biological factors involved and of the quandaries in which non-Catholic physicians are sometimes placed, and for which they need spiritual guidance. Like Sperry's *Ethical Basis of Medical Practice,* this is a scholarly, up-to-date attempt to provide such guidance. The author stresses, however, the need of much more study of these problems by other than Roman Catholic theologians. Regardless of their own private beliefs and practices, neither ministers or physicians who have truly at heart the best interests of those in their charge can afford to be in ignorance of what this book contains. The substance of the book comprised the Lowell Lectures delivered by the author in 1949.

John P. Monks

•

The Mystery of Love and Marriage: Derrick S. Bailey; Harper, New York, 1952. 136 pp. $2.00.

This book carries a subtitle which accurately describes its content and purpose; "A study in the theology of the sexual relation." The first part deals briefly with the concept of Love, the major part with "Union in One Flesh." The basic theme is the "henosis" or union, the becoming-one of two persons through marriage and the use within marriage of sexual intercourse. There is an appendix on Love and Passion and another on the New Testament doctrine of subordination.

This is a subject on which there has long been needed an authoritative and

scholarly treatment and the need is here briefly supplied. There is plenty of Biblical theology in it and on a sound critical basis. The emphasis of the book is "ontological" rather than "institutional" and yet is amazingly practical. A wide range of Christian literature is drawn on. As a parish minister I should have been glad to have had this book on hand for reading until I had mastered it.

There is nothing perhaps essentially new in it but, in view of the popular confusion about the Christian attitude toward sex, it is valuable to have a book which deals with it objectively and freely and in a Biblical and theological setting rather than in a 'popular" or moralistic manner. It lifts the whole matter up to the plane where it belongs—no less than an analogy of the relationship between God and man in Christ.

Since not only is the popular mind ingrained with the idea that Christianity is apathetic toward or even opposed to sex but this impression can find support in Christian history, it is good to have this treatise which expresses what one cannot help but feel should all along have been the Christian view. It is curative, constructive, and positive. As an antidote to romantic love on the one hand and promiscuity-for-fun on the other, the creative idea of the use of the sexual relation as the development of personality-in-relation is vitally important. The author makes use of Buber's by now well-known "I—It," "I—Thou" discussion, and any pastor knows the reality of the tendency for husband and wife, not to say unmarried experimenters, to *use* each other. The tragedy which is inherent in love and which reveals the tragedy inherent in all human life is squarely faced. Its redemption in the becoming "one flesh" presents an appealing ideal. "The consummation of love in marriage means, not its termination, but its entry upon another stage, richer and more significant than the first, yet continuous with it."

The vitality of the New Testament teaching on the subject is revealed again and again in this book and a writer like St. Paul is delivered from the bonds of archaic language and allowed to have his say. "Sexual intercourse is an act of the whole self which affects the whole self." Those who are looking for ways and means of presenting the subject to young people or to those who come for marriage instruction might well start from here under Mr. Bailey's direction. Here we are delivered from the nemesis of the attitude so long held and still officially promulgated by some Christians, that sexual intercourse exists only for the purposes of procreation. The place of intercourse within marriage without conception as its essential aim has long needed the grounding which it receives here.

The reviewer finds himself so much in agreement both from personal and pastoral experience that it is almost impossible to find any fault with it. It is a pity that there is no discussion of contraceptives. It is realistic and admits the inadequacy of much Christian teaching, pronouncement, and practice, and faces the confusion involved. If pastors are to be delivered from the limitations of the institutional attitudes of their own communions this is a good place to start. We need *a theology of sex,* better still, of the relation of man and woman *as* man and woman, and here is the basic material for it. The reception the book has already had justifies its continually being kept before those who are best equipped to use it. Even those who do not regard the Biblical or Christian standpoint as significant might well read this to discover what it can be at its best.

If readers will, by digesting what is written, be the better able to frame policy for their own churches, preach more freely and openly on the theme, and be the means of leading couples to the experience of "union in one flesh" the volume will have been of inestimable value. I feel it is capable of doing just that.

CHARLES W. F. SMITH

•

The Theology of Paul Tillich: edited by Charles W. Kegley and Robert W. Bretall; Macmillan, New York, 1952. 370 pp. $5.50.

One of the great publishing enterprises of our time has been the Library of Living Philosophers edited by Professor Paul Arthur Schilpp. To learn something of the history of a noted thinker, to see him through the eyes of his friends and disciples, to hear him replying to their evaluations of his work—all this brings philosophy to life and enables the reader to gain a more comprehensive view of a particular philosopher's contribution than could be obtained even by reading all his works. It is a happy circumstance that two editors have been found to do the same for the field of theology as is being done for the field of philosophy. And it may be said at once that if this first volume is a typical example of what is to come then the success of the series is assured. Editors and publishers are to be congratulated upon the high qualities of Volume One of the Library of Living Theology. In every way this is a most helpful and stimulating book.

The pattern of the series calls first for an autobiographical section and in Tillich's case this makes fascinating reading. No living theologian has been more willing than he to recount past experiences and adventures in ideas, thereby throwing a flood of light upon his published works. But although he has already generously given much of this kind in the *Interpretation of History* and in *The Protestant Era* he still finds it possible to provide an invaluable introduction to this volume by recalling the most important stages in his personal and mental development. In particular he makes it clear that his theology concerns his own very existence, that it belongs to the category of "existential truth." And in a very revealing section he affirms: "To write a system of existential truth, therefore, is the most difficult task confronting a systematic theologian. But it is a task which must be tried again in every generation, in spite of the danger that either the existential element destroys systematic consistency or that the systematic element suffocates the existential life of the system."

The essays of criticism and interpretation of Tillich's work make an excellent start with two interesting and illuminating discussions of his role in the contemporary scene by Walter Horton and Theodore Greene. These are followed by essays from Germany, England, and America by writers of varying denominational allegiances—fourteen in all. Finally, Tillich replies to the main criticisms which have emerged and the book concludes with a comprehensive bibliography and index.

It is a pity that the second volume of Tillich's *Systematic Theology* was not available when these essays were written, but this fact need not detract from the value and usefulness of this book. Tillich's thought is not easy to master but his interpreters have put students of all kinds in their debt by

engaging, as it were, in these dialogues with the master. There are signs of a growing appreciation of Tillich in the Church at large and this book should help many to become better acquainted with the man whom Theodore Greene calls "the most enlightening and therapeutic theologian of our time."

F. W. DILLISTONE

•

The Nature of Christian Worship: J. Alan Kay; Philosophical Library, New York, 1954. 115 pp. $2.50.

Dr. Kay's brief but compact book is a well-rounded exposition of the essential elements that go into the making of the Christian experience of worship, with a specific application of principles to the Holy Communion. His treatment is broadly based upon the liturgies of the East and West, Catholic, Orthodox, and Protestant. His basic definition is that "worship is man's response to the nature and action of God." And throughout his discussion he concentrates on the "response of man" rather than upon the initiative of God, though he is well aware that worship has its origin "in God's revelation of Himself." He outlines the experience of worship as consisting of adoration, offering, receiving, and union with God through Christ.

A chapter on "The Means of Worship" is an extended exposition of "symbols"—their necessity, use, and content. The discussion is indebted to J. B. Pratt's *The Religious Consciousness.* Reference might also have been made to the insights of Miss Langer's *Philosophy in a New Key.* The treatment of the Holy Communion is built around the themes of remembrance (in which the author criticizes the overly "objective" interpretation of Dix and Hebert), fellowship, covenant, and union with Christ. One misses here the eschatological aspect of the Eucharist, as an anticipation here and now of the Kingdom of God. Otherwise the exposition is balanced, positive, and irenic. The book should be of real value for its clarity and breadth of view—and it is not lacking in penetration and depth of insight.

MASSEY H. SHEPHERD, JR.

•

The Pastor's Hospital Ministry: Richard K. Young; Boardman Press, Nashville, Tennessee, 1954. 139 pp. $2.50.

This is a short book and it has an attractive title. For these reasons, the busy pastor will open it eagerly. He is at once confronted with forewords by two doctors, one of whom is a psychiatrist. Also he discovers, in the Introduction, that the book is a reworked version of the author's doctoral thesis. The fact that two important physicians in a medical school approve of the book and that professors in a theological seminary have previously accepted most of it as a scholarly document will probably cause some pastors to close the book again on the assumption that it is too technical for them. However, even a cursory glance through the book shows that Dr. Young has produced a small handbook that fairly bristles with sound advice for the pastor who wants to do a better job ministering to the members of his church who are hospitalized.

The first of the five chapters is titled "'The Healing Team." It may suggest to ministers who are unaccustomed to medical terminology that this chapter is for professional specialists. In many ways, the professional hospital chaplain will understand more fully the implications and suggestions which are made. Nevertheless, the alert pastor will get much insight into his role as *one* of the workers with hospitalized sick people. One of the most helpful portions of the chapter is the section in which a case history is given to illustrate the "comprehensive approach" to the patient. This history was prepared by a physician and it shows that the chaplain has an important role to play on the healing team. The reader, however, is left with the feeling that the author ought to have explained more fully how he was able to be such a meaningful member of that team.

Another chapter is on "The Pastor and Hospital Personnel." It is a most helpful piece, but the portion about the minister's relationship with the doctor is, as in the first chapter, more applicable to the minister who is a hospital chaplain than to the minister who is a pastor of a local church. Dr. Young makes wonderfully clear what kind of relations should prevail between the minister and the professional persons in a hospital, but he does not say much about *how* these relationships are to be developed.

In "Visiting the Sick," Dr. Young seems to be on firm and familiar ground. Here he gives, among other things, fifteen excellent practical suggestions for good technique is hospital visitation. Also his comments about prayer in the sick room are appropriate and helpful and show that he speaks out of a wealth of experience.

The chapter entitled "The Ministry of Counseling" contains some actual notes on a set of five counseling interviews that are well reported and Dr. Young's comments and discussion have immediate and personal teaching value for the reader. Those ministers who have had clinical pastoral training or related courses will profit most from reading this material. The book closes with "The Specific Ministry of the Pastor." In this chapter, the author addresses his main attention to the needs of four groups of patients—namely, the surgical patient, the convalescent, the dying, and the bereaved. His discussion of ministering to bereaved persons is so helpful that it alone makes the book worth its price.

There are also two appendices and a bibliography. The latter has the virtue of being of reasonable length (about forty titles), and it includes most of the books which may be of real value and use to the average minister. The appendices fail to hold much interest for the general reader, for they seem to reveal that the author has written his book—or the thesis from which it was drawn—for Southern Baptist ministers. Appendix A quotes, in its entirety, the "Recommendations for Southern Baptist Hospital Chaplaincy" and Appendix B describes in detail the clinical pastoral training program of which Dr. Young is the director and chaplain supervisor. In spite of these and other limitations which have been alluded to in this review, *The Pastor's Hospital Ministry* is a useful handbook. Every minister who wishes to be a better pastor to his flock can read it with great profit to himself and ultimately to the greater mental comfort and spiritual welfare of his people.

JAMES H. BURNS

Saving Your Marriage: Evelyn and Sylvanus Duvall; Public Affairs Committee, New York, 1954. 28 pp. 25 cents.

Once again the Public Affairs Committee has come forward with a valuable resource booklet which every marriage counselor, whether religious or secular, should know. It is written for lay people and is delightfully illustrated with eloquent cartoons. The authors are established authorities in the field of marriage, and the approach of this booklet is both realistic and constructive. Churches might well distribute it through couples' clubs and tract racks.

ROLLIN J. FAIRBANKS

•

Religion and Human Behavior: edited by Simon Doniger; Association Press, New York, 1954. 233 pp. $3.00.

Simon Doniger, editor of the monthly magazine, *Pastoral Psychology,* has put together the second symposium in his Pastoral Psychology Series (the first was *Sex and Religion Today,* 1953). Unlike its predecessor, this volume has no clearly defined theme or thesis but is rather a collection of papers by eminent persons in psychology, theology or in-between, on a score of more or less related subjects. Nonetheless, it has at many points very genuine interest, especially for clergy trained in some measure of technical understanding.

Without trying to mention all fifteen essays or all the contributors, nor to discuss any of them adequately, the flavor of this volume may be suggested in the following remarks. Wayne Oates' article, "The Role of Religion in the Psychoses," gives a fine summary of a clinical pastoral training program in a psychopathic hospital, and its results. Fritz Kunkel, more than any of the others, sticks to the case-material style in his "Growth through Crisis." Bonaro Overstreet and Spurgeon English have written papers (on the unloving personality and understanding people) which are perhaps too elementary for the rest of the book, and even for most of the readers (we hope!). Dr. Bonnell asks "Is Faith-Healing Valid Today?" but sidesteps the issue by merely showing that scientific medicine can be not only an instrument of healing but an object of faith. (Compare the way the question is tackled by Leslie Weatherhead in *Psychology, Religion and Healing.*)

Randolph Crump Miller, of Yale Divinity School, has a surprisingly *pastor-centered* conception of religious education to offer! Seward Hiltner, in two essays, probes new areas, as usual. It is to be hoped that he will arouse serious new thinking by his suggestion that whereas pastoral psychology in the past has gained mostly from therapeutic psychology, it now appears that we might begin to make gains directly bearing upon religious insights provided by *experimental* psychology, now broadening the scope of its inquiries. In his "Pastoral Psychology and Constructive Theology" he offers ten generalizations of a psychological kind which throw light and proportion upon the doctrine of sin. The late Dean Sperry of Harvard Divinity School contributed a characteristically wise and urbane paper on "The Psychology of Non-Conformists," in which he breaks a sharp lance with those who suppose that the goal of life is to be "well adjusted."

JOSEPH F. FLETCHER

Face Your Life with Confidence: William E. Hulme; Prentice-Hall, New York, 1953. 232 pp. $2.75.

This book consists of advice to young people on fifty-one personal problems frequently encountered by them. The orientation is religious. The theology is conservative and at times questionable. The designation "case histories" is misleading. The author for the greater part resorts to dialogue between a young person and a counselor to portray a perplexing situation, and then he alone proceeds to elucidate the problem and give advice. That most of his counsel is excellent and only a portion of it of dubious or negative value raises the question as to whether we should place books such as this (which we consider not entirely sound, either psychologically or theologically, but which incorporate some excellent human understanding) in the hands of young people.

CHARLES M. STYRON

•

Through Values to Social Interpretation: Howard Becker; Duke University Press, Durham, North Carolina, 1950. 341 pp. $4.50.

Howard Becker is Professor of Sociology at the University of Wisconsin. His volume brings together in expanded and revised form several essays which have previously appeared as chapters of books or as journal articles. The major concern in these essays is methodology. Becker has been one of the strong advocates of historical sociology in the contemporary United States, and he has followed German models in his conceptions of how this subject might be developed. A notion of "constructive typology" is central to his approach. Like Max Weber, he seeks generalizations from historical data through careful attention to the abstract types against which concrete examples are studied. Religious phenomena have been of especial interest to Professor Becker. Among his "constructed types" we find models of "sacred" and "secular" societies, and an extension of Troeltsch's typology of Christian religious bodies (including the *ecclesia, sect, denomination,* and *cult*). Values enter the analysis primarily through these constructed types and they play a less conspicuous part in the book than the title might suggest.

The general reader seeking guidance on the way values are inculcated in individuals or on the way they influence the development of societies may be disappointed with this volume. Except for the final essay on the value commitments of social scientists, the treatise remains general and methodological. The author, however, is neither dry nor ponderous. He writes with a whimsical sprightliness and brings a broad knowledge of the history of social thought into his arguments. Critical comments on a long range of social thinkers from the Greeks to Spengler, Toynbee and Sorokin give focus to abstract discussions and offer much incidental instruction.

JACQUELINE SUTTON

•

The Sexual Nature of Man: and Its Management: Clarence Leuba; Doubleday, Garden City, New York, 1954. 40 pp. 85 cents.

A biosocial survey, this work attempts to put Freud and Kinsey into a perspective. Following the logic of his earlier *Ethics of Sex,* Leuba estimates

that "premarital chasity will be dethroned from its position of paramount importance in the relations between the sexes prior to marriage." This Doubleday Paper in Psychology weaves together the main findings on sexual behavior from clinical inquiries and questionnaires, studies of primitive peoples, the mating behavior of the higher vertebrates (such as chimpanzees), and the anatomy and physiology of reproduction. Much emphasis is laid upon the point that sex is learned behavior, not "instinctive" or innate, varying in its forms with experience. Leuba's "program for moderns" is based on the principle that the object of social control "is no longer to prevent the conception of unwanted children, but to further the expression of sex in a discriminating fashion in a context of companionship and affectional intimacy and to promote fidelity and stability of marriage," but with expectation that pre-marital intercourse will sometimes take place in the sex play of adolescents and "with some frequency" between engaged couples.

JOSEPH FLETCHER

•

The Natural Man: Clarence Leuba; Doubleday, Garden City, New York, 1954. 70 pp. 95 cents.

The Doubleday Papers in Psychology have a fascinating "premier" in Professor Leuba's brief but well-shaped study of what we know scientifically about "human nature." This is a fine example of interdisciplinary insights, putting psychology and anthropology together. The author would favor using a small group of possibly abondoned babies as study material, to learn what human beings are and do when untouched by culture or tradition, by putting them on a deserted island with observation towers and tunnels for passage of observers. But since public opinion is opposed to it, he turns for evidence to wild children, chimpanzees, and nonliterate peoples. The most than can be said, it appears, is that a human being, as such, is a vertebrate, mammal and primate. Beyond this there is no fixed or universal hereditary make-up, but rather a changing and varied inheritance interacting with variant physical environments and variant culture-contexts. In describing "Man" there are universals (common) but no constants (given or immutable) among human traits. That is important to grasp by those who say such things as "socialism (or capitalism) is against human nature," or "all men are religious." For it means that modern Christians, in elaborating a pastoral theology and a valid "doctrine of Man" are unlike Paul and Augustine, because modern men know there is no "man" but only men.

JOSEPH FLETCHER

•

Feelings and Emotions: Lawrence K. Frank; Doubleday, Garden City, New York, 1954. 38 pp. 85 cents.

The author, who is well known in pastoral care and pastoral psychology circles, has put together in simple terms the fundamentals of the affective or emotional apparatus. His theory of the emotions is based on homeostasis, or the reactive system whereby we maintain a psychophysical equilibrium, which is not static but dynamic. Thus emotions call our compensatory actions

into play; fight or flight, hunger, love grasp and grapple, and the rest. This treatments spells out the biological presuppositions of dynamic psychology.

JOSEPH FLETCHER

•

Psychology as a Profession: Robert I. Watson; Doubleday, New York, 1954. 65 pp. 95 cents.

Psychology as a profession (not a science or a business) may be specialized in one of three categories: schools, industry, and counseling. The author tries with some success to define psychology in exclusive terms: for example, to show that counseling is not a profession but a technique (art) employed in several professions. In role and structure the American Psychological Association is obviously similar to the A. M. A. The drives toward theoretical unity and higher standards of training are described; they don't want "Mr." Jones to be a psychologist alongside Dr. Jones. Interprofessional problems are explored, especially in relation to psychotherapy. Certifying and licensing psychologists is as yet a matter of official regulation in only a few states, and in many it remains true that much of what a clinical psychologist does is "at least a technical violation" of medical practices acts. Psychologists seem at one and the same time to be seeking interdisciplinary functions and professional independence.

JOSEPH FLETCHER

•

The Annals of the American Academy of Political and Social Science ("Mental Health in the United States"): March, 1953; Philadelphia. 254 pp. $2.00.

This is an excellent collection of papers contributed by highly competent authorities in the field of mental health. It offers in brief compass an easily read outline of some of the major problems, as well as an excellent summary of the known data on such complex factors as mental deficiency, organic brain disturbances, the functional psychoses and neuroses, and includes papers on special problems of the early years and some general problems affecting social relations.

A section of the volume is devoted to the resources available for the promotion of mental health. Here the community-minded minister can gain a great deal of information as to the workers and the training needed in this specialized field, the responsibilities of the individual citizen for mental health as a community problem, and much pertinent data on the actual services available to deal with the emotionally sick—from state and private hospitals, to the private practice of psychiatry.

Two papers should be singled out for special mention. The first, "Social Values, the Mental Health Movement, and Mental Health" by John R. Seeley, M.D., contains a great deal of provocative material which challenges concepts often too easily taken for granted. The other, "Mental Health Problems Affecting Social Relations" by Jack R. Ewalt, M.D., covers succinctly a considerable body of material dealing with many of the problems so difficult to understand but often met by the minister.

The major concern of this reviewer was the fact that neither religion nor the church rated more than passing mention in this major and complex question of mental health. When all the workers on the psychiatric team dealing at first hand with the hospitalized patient were enumerated, and the clinically trained chaplain was not mentioned, it was clearly apparent how much more work the clinical pastoral training movement has before it. It is a fact that the American Psychiatric Association lists the clinically trained chaplain as a member of the psychiatric team according to its revised stands; but it is equally a fact that this is either unknown or unacceptable to the superintendent of a well-known state hospital! Perhaps even worse is the tacit implication that the clergyman appears to have little or nothing to offer.

This volume offers the pastor an invaluable body of up-to-date information. It will also serve as a stimulus to all concerned with the clinical pastoral training movement, to evaluate and clarify the role of religion and the clinically trained clergyman in pastoral work. Only in this way can we hope to earn our place as co-workers in the field of mental health.

ERNEST E. BRUDER

•

Drinking in College: Robert Strauss and Selden D. Bacon; Yale University Press, New Haven, Connecticut. 221 pp. $4.00.

This is a factual survey, done under the auspices of the Yale Center of Alcohol Studies, carried out by questionnaires involving 17,000 men and women in 27 colleges distributed according to geography, sex, race, sect, and other factors of a like nature. It is the first and only one of its kind. Seventy-seven per cent of the students were interested enough to fill out forms, although some had to be eliminated for horse-play or error. Three-fourths of these students are users of alcohol in drinks (39 per cent of the women being abstainers, 20 per cent of the men). Jewish students have the highest proportion of users and the smallest percentage of excessive drinkers; Catholics next, and then Protestants—the Protestants having the fewest users and the most intoxication. By ethnic grouping, those of British background are most excessive; Italians have the least intoxication. Parental example and opinions have vastly greater influence upon the drinking practices of college students than church or school influences. Among parents, the higher and more the education the more the drinking. These are samples of the findings of the survey.

The authors believe (p. 170) their findings offer "grounds for optimism" that "incipient cases (of addiction) can be detected and are susceptible to treatment." Factual studies of this character are important to American society, in which the consumption of distilled spirits has dropped from 90 per cent of alcohol consumed to only 40 per cent since 1840, and beer has gone up from 6 per cent to 49 per cent, wine from 4 per cent to 11 per cent. Over 40 million Americans belong to church groups that advocate abstinence: moralization has obviously failed; perhaps fact-finding will be more helpful and resultful.

JOSEPH FLETCHER

Making Men Whole: J. B. Phillips; Macmillan, New York, 1953. 73 pp. $1.50.

The author, an English clergyman, first came to the attention of many in America because of his wartime *Letters to Young Churches,* a fresh, modern translation of the Epistles. In this new book he has given us five talks which were first heard by a religious gathering in Wales.

He begins with the concern of Christians today, shows that, while this is in part due to their sensitiveness and their willingness to take responsibility, it is also due to their too much borrowing of worldly standards for success, and to their frequent tendency to substitute ethics for fellowship with the living God. The "whole" view of life, which he would have men grasp, can come only as we have, not time, but eternity as our constant and correcting point of reference.

He is steady in his thinking, clear in his individual phrasing, and, while he admits that his matter is by no means original, one is aware that it has passed through an original mind.

JOHN DIXON COPP

•

Foundations of Social Survival: John Lindberg; Columbia University Press, New York, 1953. 260 pp. $3.50.

The starting point for this essay in pure social theory is William Blake's phrase, "Religion is politics, and politics is brotherhood." Mr. Lindberg, somewhat neo-Augustinian in his world view, is like so many Christian apologists including Blake, and others who write from the center of an idealist outlook: He slips into the use of the indicative mood when what he says fits only the imperative! This is not to say that he is naive about historical realities. Starting with the observation that society's survival is not inevitable, he argues that if it is to survive it must once again properly balance production (wealth), reproduction (sex and family), defense (war, now atomic), and order (government), in a new synthesis. The synthesis, he concludes, cannot be achieved by the classical "city of reason" still followed by humanists, but only by the Christian "city of love" which can grow without messy and violent changes. The author is U.N. economic adviser to Jordan, and wrote this essay at the Institute for Advanced Study at Princeton on a grant from the Rockefeller Foundation.

JOSEPH F. FLETCHER

•

Background to Marriage, or the First Twenty Years: Anne Proctor; Longmans, Green, New York, 1953. 141 pp. $1.75.

Here in short compass but meaty prose a Church of England woman, wife and mother as well as practicing Christian, leaving aside all "scientific" language and postures, puts down a homely and sensitive interpretation of sex and marriage and what it takes to keep them wholesome and vital. All by itself her sense of humor is so genuine and so obviously rooted in real-life experience that it should make a unique appeal. The book, indeed, is unique in this reviewer's knowledge. Its flavor is seen in the topics discussed: Twin Beds, Mothers-in-law, Petting and Necking, Toddlers and Punishments, Religious

Differences, the Unplanned Baby, Scholarships and Scrubbing. Canon Hugh Warner calls it "sanctified common sense."

JOSEPH F. FLETCHER

•

Be Still and Know: Georgia Harkness; Abingdon-Cokesbury, New York, 1953. 96 pp. $1.25.

On each page of the book are to be found a theme, a Bible text, verses by the author and a prayer simply composed and containing phrases old and new. It has been prepared for individual use, or for group devotions. In content it is wholesome rather than rich.

JOHN DIXON COPP

•

Jung's Psychology and Its Social Meaning: Ira Pirogoff; Julian Press, New York, 1954. 299 pp. $5.00.

Dr. Pirogoff has written one of the most lucid accounts of Jung's psychological system to date. Since his effort was to relate these theories to the social sciences, he has emphasized certain concepts, while omitting others. Jung's concept of the unconscious, symbols and myth formations are examined in some detail, while his therapeutic formulations are barely touched. This makes the book even more valuable, since it is less confusing without oversimplifying Jung's complicated and involved ideas.

The book helps to clarify Jung's place in the historical development of psychoanalysis as a therapeutic discipline, as well as a research instrument for the study of man. Jung is primarily a social psychologist whose medical background has distorted some of his most valuable ideas. His primary interest in psychoanalysis was as a healing art, but he quickly directed most of his research into sociological channels. His contributions to the healing art are his least significant and the most backward elements of his thinking. This is largely due to his retaining a mechanistic-dualistic view of man, which is in contrast to his more pragmatic, existential view of man as a social being. His conception of personality opposites and the mechanical view of the movements of the libido are hangovers from his contacts with Freud. Although he has broadened the concept of the libido and cleaned up the unconscious, and made it into a mystical region full of the heritage of man from his earliest beginning, it is still a place which influences man through its entrances and exits on the stage of conscious functioning. Although it contains man's positive strivings, the libido moves up and down like a pulley system, the ends of the pulley always being opposites and extremes. Personality still unfolds in layers and is dependent upon the movement of the libido to envelope archtypes which have a hierarchal value in the development of maturity. By maintaining his role as a therapist, his theories, which have profound relevance for the social sciences, have received only the barest of attention, particularly in the United States. This deficiency is overcome by Dr. Pirogoff in this book.

Jung was the first of the deviants from Freud's group to take issue with the conception of man as being purely an "instinct animal" and to introduce

the existential view of man as other than animal with needs, aspirations, values, and goals which are significantly human. The role of the libido, the unconscious, was expanded to include man's positive, more spiritual values. He introduced the historical approach to the study of man as extending beyond his present, and recognized the effect of culture in its present and past state as influencing the values of present-day man. Although there is much to take issue with, for example, Jung's view of culture as a "surplus energy phenomenon," yet his study of symbols and myths has enriched our understanding of primitive man and enabled his successors, such as Rank, Horney, Sullivan, Kardiner, Fromm, etc., to develop tangential, yet related theories of man. However, his basically mechanistic orientation has led him into serious errors concerning social and political movements. His conceptions of mass movements, "isms," is that they arise out of the "autonomy of the unconscious" and occur because of the overdevelopment of the conscious. Consequently, political movements become "mass psychoses" and from this framework he was first confused into accepting Nazism as a response of the German people to an archtype representing a higher development of the psyche, and later repudiating it as a "mass psychosis." It is the error of the free translation of psychological insights into mass behavior resulting in a most superficial, restricted, and misleading analysis of complicated phenomena. Psychological events influence man's behavior to a very great extent, but these occur in a setting of social, political, economic, and historic events which in turn influence man's psychology.

However, when Jung states that a society can function effectively only by providing individuals with meanings in which they can have a living faith, he again touches the core of the "age of anxiety" and the problem of neurosis and psychosis. The issue of values in the life of man has made it possible for psychoanalysis to develop beyond a mere medical discipline, to a functional, unitary discipline of value in the social sciences as well. Jung is a leader in the development, and deserves serious notice if only on this account.

LEON SALZMAN

•

The Practice of Psychotherapy: C. G. Jung, Volume 16 of the collected works, Bollingen Series XX, translated by R. F. C. Hull; Pantheon, New York, 1954. 377 pp. $4.50.

This volume of Jung's collected works can properly be called a compendium of Jung's psychology and his unique contribution to the recent development of psychotherapy. It contains not only basic and instructive articles which show clearly where Jung stands in the field of psychology and psychotherapy but it also gives an excellent account of Jung's personality and way of thinking.

These articles make it clear that Jung, unlike other writers in the field of psychotherapy, is not to be evaluated by his factual contribution but rather by his Renaissance-like insistence that we do not stop short of the integration of all our knowledge into a completed pattern. Jung has a vision of the universal harmony of all reality and therefore resists violently all sectarian exclusiveness in whatever field it may be—including his own. This is why he is not the head of a particular school with a definite doctrine, and

it accounts for the absence of arrogance. He is by his very nature unorthodox and a genuinely Socratic mentor. He appears in his approach to be one of the forerunners of this new era in which there is the effort to synthesize the partial knowledge of each discipline within itself and with others. It is exciting to see in this one volume the preliminary statement of the polarity between the analytic-scientific approach of the psychotherapist Jung and the synthesizing-speculative attempt of the psychologist-philosopher Jung. But one gets the feeling that there is an unbridged cleavage between these two aspects. It appears especially in his theory of complex-psychology.

Jung is not primarily a psychologist and even less a psychotherapist. He is above all a searcher for universal truth with the very genial and childlike curiosity for the meaning of reality. He has a tremendous sensitivity for the logic of the apparently irrational which leads him to try to find the meaning behind the act of which the act is merely the symbol, and the relating meaning to a universal. This is why he is preoccupied with religion and at the same time fights every theological and ecclesiastic claim to possess the truth as if it could be contained in any particular system of belief. One cannot help sympathizing with him in this respect but one also has to see that he himself gets hopelessly lost in his own speculations and vague theories. These often do not take into account the immediate realities in the areas with which he happens to be concerned, particularly if his prejudices and preoccupations blind him. Jung's surprising lack of pertinent and practical influence has its roots here.

Jung is a true gnostic with all its charm and real inspiration. But he fails to see that the logos became flesh, that truth becomes real and truly creative only when it is no longer theory and abstraction but is integrated into the personality and therefore comes alive in the individual and his relationship.

HANS F. HOFMANN

•

The Pastor's Pocket Manual for Hospital and Sickroom: Edmond Holt Babbitt, Abingdon-Cokesbury Press, New York, 1949. 160 pp. $1.75.

This manual contains simple instructions for the untrained theological student or minister. The directions are generally sound, and if not followed too rigidly could be adaptable to most general hospital or sickroom conditions. Scripture passages are selected and edited to give assurance and encouragement. Prayers are written or selected to cover the full range of sickroom circumstances from recovery to death and bereavement. There are also selections of hymns, poems, and "nuggets" for the patient's encouragement. Several orders for the Lord's Supper are given to make the manual adaptable to various denominational loyalties. If not allowed to come between the pastor and the patient, this little book could be a useful aid.

WILLIAM F. ROGERS

Are Workers Human? Gordon Rattray Taylor; Houghton Mifflin, Boston, 1952. 273 pp. $3.00.

This whole book is person-centered. Human values are never lost in purely institutional perspectives such as industrial relations, labor-management relations, factory-community relations, union-company relations, and the like. As a study in the frustrations of industrial man, his need to be a participant in the making of his own life, and his lack of emotional satisfactions in his work, it is apparent that the book is indebted to the pioneering work of Elton Mayo, G. F. Lombard, the Lynds, F. J. Roethlisberger, and others. But even more, the author has traveled widely in America as well as in his own country, studied group dynamics at National Training Laboratory for Group Development, and directed the Action Society Trust studies of Britain's nationalized industries.

The style of the book is a happy one, with a piquancy revealed in turns of phrase such as the title itself and the title of an earlier work, *Economics for the Exasperated.* Every pastor who has many industrially employed people in his "cure" should read this book and digest it. This reviewer once visited a parish in which almost 100 per cent of its men were working in local plants: the pastor had a file-card on every one of them, recording birthdays, illnesses, family relations, visits, and other such matters, but *not a word* of information or understanding about how they lived occupationally one third of their lives and *one half of their waking existence!*

JOSEPH FLETCHER

OUR REVIEWERS

John P. Monks, M.D., is a member of the Department of Hygiene at Harvard University . . . *Charles W. F. Smith* is Professor of New Testament and Liturgics at Episcopal Theological School, Cambridge, Massachusetts . . . *F. W. Dillistone* is Chancellor of Liverpool Cathedral, Liverpool, England . . . *Massey H. Shepherd, Jr.,* is Professor of Liturgics at Church Divinity School of the Pacific, Berkeley, California . . . *James H. Burns* is Protestant Chaplain at Massachusetts General Hospital, Boston . . . *Rollin J. Fairbanks* is Professor of Pastoral Theology at Episcopal Theological School, Cambridge . . . *Joseph F. Fletcher* is Professor of Christian Ethics at Episcopal Theological School, Cambridge . . . *Charles M. Styron* is Minister of The First Parish in Lincoln, Massachusetts . . . *Jacqueline Sutton* is a social psychologist in Princeton, New Jersey . . . *Ernest E. Bruder* is Chief of the Chaplains' Branch, Saint Elizabeths Hospital, Washington, D. C. and Editor-in-Chief of this *Journal* . . . *John Dixon Copp* is Assistant Professor of the Psychology of Religion at Boston University School of Theology . . . *Leon Salzman, M.D.,* is Associate Professor of Clinical Psychiatry at Georgetown University Medical School, Washington, D. C. . . . *Hans F. Hofmann* is Assistant Professor at Princeton Theological Seminary, Princeton, New Jersey . . . *William F. Rogers* is Protestant Chaplain at St. Louis City Hospital, St. Louis, Missouri . . . *J. Frank Schulman* is Associate Minister of the First Unitarian Church, Worcester, Massachusetts . . . *Earl H. Furgeson* is Professor of Pastoral Theology at Westminster Seminary, Westminster, Maryland.

CURRENT PERIODICAL LITERATURE

Edited by The Rev. Joseph F. Fletcher

"Group Therapeutic Experiences in a Concentration Camp," by Viktor E. Frankl, *Group Psychotherapy,* May, 1954, Vol. 7, No. 1, pp. 81-90.

As a survivor of Auschwitz, Dachau, and Theresienstadt, this psychiatrist describes the effects of the camps under three heads: (1) entrance-shock, (2) the double development of indifference and irritation as confinement continues, (3) the dismissal shock, due to a release of psychologic pressure, like caisson sickness or "the bends." [It would be useful to explore analogies with the experiences of prisoners in penitentiaries. J. F.] The entrance shock is panic, often entailing suicidal behavior—a decision to grasp the high-tension wire fence rather than wait for the gas chamber. Some of the therapists who were among the camps' victims put the deteriorated character of their campmates down to regression, others to a schizoidal maneuver. Their hopeless situation ended not only any will to Pleasure (Freud) and to Power (Adler's "striving for dominance") but more importantly, in Frankl's view, it ended *the will to Meaning.* The nihilistic sense was often vanquished or remedied by a new or renewed faith in God. "Let no one judge this religiosity disparagingly, or dispose of it as 'fox hole religion,' as in Anglo-Saxon countries one is apt to call that religiosity which does not show until one is in the trenches, or in danger: *I would like to say: the religion which one does not have until things go badly is to me still preferable to that which one has only so long as things go well—I call that a 'bargainer's religion'.*" [Frankl's book on the unconscious God in even the atheist's secret mind, *Der unbewubte Gott,* Amandus Verlag, 2nd ed., Vienna, 1949, can be set alongside the translated work of Rümke, *The Psychology of Unbelief,* which also describes how analysis in therapy can liberate repressed religious faith! J. F.]

J. F.

•

"Schizophrenic Ideation as Striving toward the Solution of Conflict," by Anton Boisen, Richard L. Jenkins, and Maurice Loor, *Journal of Clinical Psychology,* Oct., 1954, Vol. 10, No. 4, pp. 389-391.

On the assumption that schizophrenia is a functional breakdown of the adaptive process due to intolerable inner conflicts, and that the ideas presented in this condition shed light on such conflicts, a centroid analysis of 47 male psychotic patients of a non-organic type was made at Elgin State Hospital. Of an original 78 patients, 31 were excluded because they showed personal defeat and escape into fantasy or in alcohol and drugs. The 47 still in acute anxiety (i.e., still struggling) showed themselves either (1) seeking a solution through religious surrender, or (2) through paranoid projection. The first set of ideas includes a sense of mission, mystical identification, death by divine decree, word disaster, reincarnation, sexual change, and obsession; the second were mainly of death by the hands of enemies, ex-

ternalized conscience (or derogatory ideas of influence) and transfer of blame. In the latter group were the usual beliefs about electric currents controlled by enemies, and the like. Patients who sought one kind of solution did not try the other kind. Most of the schizophrenics with acute anxiety were making progress toward a solution of one kind or the other, religious surrender or paranoid projection. The prognosis was good for those with accentuated religious interest; only 21 per cent in their group showed no improvement, compared to 56 per cent of those showing no increased religious interest. The prognosis was unfavorable for those who solved their conflicts by paranoid projection, ascribing evil intent to others and transferring blame. From 60 to 70 per cent of those who expressed ideas of death from enemies or ideas of "externalized conscience" (Boisen's phrase) showed no improvement after two years. The 12 individuals who showed an attempt of suicide were making no progress toward a solution of *either* kind, surrender or projection. Therefore, as to these two solutions, "One may be described as surrender to the will of God and the other as blaming the devil or some devil-surrogate. Historically, the latter type of solution has been responsible for witch hunts. The present study provides indication that individually as well as socially the projection of responsibility proves a method of dealing with conflict which reduces tension at the expense [price?] of stabilizing morbid and distorting thinking." [But, as Editor Thorne says in this same number about clinical research in general, not about the Boisen-Jenkins-Lorr study, small samplings may be statistically atypical. Large-scale studies are needed of this problem as of others. J. F.]

J. F.

•

"May Catholics Be Psychoanalyzed?" by John C. Ford, S.J., reprinted from *The Linacre Quarterly, Pastoral Psychology,* Oct., 1954, Vol. 5, No. 47, pp. 25-34.

The Pope has not condemned psychoanalysis in general, only the "pansexual" method of some analysts. As he reiterated to the Fifth International Congress of Psychotherapy and Clinical Psychology, in Rome, April 15, 1953, the Pope has sympathy for the insights of depth psychology but forbids as immoral the encouragement of free sexual fantasies and actions, alleged by some to be of therapeutic value and ventilative effect. The apparent conflict of religion and psychiatry arises when their practitioners have differing views of human nature; it is also inherited from Freud's personal, anti-religious opinions. Catholics and Catholic psychoanalysts are opposed to Freud's philosophy, which is materialist-atheist-determinist. They can accept a great deal of the psychology of psychoanalysis, especially its unconscious concept, although some might say that it overemphasizes the biological and emotional at the expense of the will and intellect. We are not in a position, yet, to say whether the therapy peculiar to psychoanalysis works successfully, but however that might be, psychotherapy is acceptable to Catholics if it does not make use of immoral means. Certain dangers connected with it are: (1) immoral advice, such as to masturbate or fornicate for the sake of therapy (and respectable analysts do not so advice), (2) the "transference" in psychoanalysis, while not necessarily immoral, is dangerous because of its emotional intensity, (3) moral crises may come from exposing the unconscious sources of a patient's conduct, if the analyst's influence is on the side of false values, (4) free association and abreaction, being without restraint, may

lead to unchaste desires and acquiescence in unchaste fantasies, or even physical excitement. It is not permitted to do evil that good may come. The danger in free association and abreaction [catharsis through "re-living," J. F.] is great. Catholic morality forbids them *when the direct aim is to evoke unchaste sexual desires, fantasies, and emotions,* even for a presumably therapeutic purpose. When such erotic material is merely incidental to therapy, it is not necessarily immoral. Thus Catholics may be psychoanalyzed, provided the treatment does not use immoral means or involve undue moral danger. The practical solution is to choose an analyst whose principles and practice are known not to offend against Catholic morality.

J. F.

•

"Religion and the Aging Process," by Seward Hiltner, *Pastoral Psychology,* Sept., 1954, Vol. 5, No. 46, pp. 23-31.

Religion is concerned with the drive to fulfillment and destiny, and the aging process is the psychobiological phase of that drive. Unfortunately, maturity and old age may be deprivations and inferiority-experiences because our culture in America is youth-centered in its values. We regard the expansive, horizontal strivings of youth as fulfillment (an imperialist outlook), and the intensive, depth interests of age as non-fulfillment. We should cultivate a dialectical, not merely discrete, view of "expansion" and "contraction," to embrace the values of both; and also a dialectical or interpenetrative "theology of aging" which goes beyond either a sour ("death is the only reality") or a sweet ("death is not a reality") view of dying. Three facts about the aged are of vital importance in understanding their life situation: (1) a frequent lack of mutual creativeness for couples whose children have grown and left home, (2) the greater longevity of women than men, (3) the arbitrary age of retirement from full-time work. The churches used to be as youth-centered as secular society, in their goals and interests, but the tendency is being corrected in the direction of the aged. The first, sometimes traumatic, sense of age and lost momentum commonly occurs in our society in men between the ages of 35 and 40 [the so-called defeat neurosis of middle age]—"a crisis which has nothing to do with biological factors as such."

J. F.

•

"Sectarianism and the Psychoses," by Samuel Southard, *Religion in Life,* Autumn, 1954, Vol. 23, No. 4, pp. 580-590.

Both careful and wild opinions have been offered as to the relation of mental illness to sect groups, in both religious and medical circles. A survey of available literature, in books and journals, on the nature and causes of membership in Pentecostal and Holiness sects, does not validate the notion that sect-experience is due typically to economic depression or psychiatric disorders; there seems to be more support for the theory that the sect offers group support to culturally marginal individuals, i.e., the sect provides status. While religion may not be a significant factor of psychoses *in general,* it may be in *individual* cases. The literature and some case studies in a Kentucky state hospital tend to show: (1) sect membership does not indicate poor mental health, (2) but isolated individuals may turn to sects for

social acceptance, sometimes simultaneously with or shortly before a mental-protective device of a psychotic episode. (3) Sect preachers, through ignorance, may precipitate a psychosis in persons under severe emotional stress. Careful studies need to be made of people in the sect-to-church process, as well as those in the church-to-sect direction.

J. F.

•

"An Appraisal of Patient Training for Childbirth," by W. B. D. Van Auken, M.D., and D. R. Tomlinson, M.D., *Amer. Journal of Obstetrics and Gynecology,* reprinted in *Child-Family Digest,* Sept., 1954, Vol. 11, No. 1. pp. 91-97.

Comparative studies were made of 400 primiparous patients (i.e., women bearing their first child), one half of whom were controls, in a prepartum preparation course based in part on Dr. Grantley Dick Read's *Childbirth without Fear* and Helen Heardman's *Relaxation and Exercise for Natural Childbirth.* Each class included from 3 to 12 patients, with at least 4 sessions. Mothers with previous experience (multiparous) were not present, since they would induce anxiety by their questions and remarks. A summary of results shows that labor was reduced by at least 2 hours, the incidence of delivery by artificial means was lessened by 17 per cent, perineal trauma fell off by 5 per cent, with markedly less need for the drugs and anesthesia which tend to asphyxiate the baby and produce postpartum hemorrhage. Every patient should have a guided visit to the delivery room, their instruction should be given in groups and not individually, and they should be out of bed and with their husbands as much as possible during labor.

J. F.

•

"Antabuse: Short-cut to Sobriety?" by George Adams, *Inventory,* Sept., 1954, Vol. 4, No. 3, pp. 5-6, 22-23.

Our popular recourse to pills for illness extends even to alcoholism. Antabuse hit the headlines in 1951, and hasty sensationalism hailed it as a cure for alcoholism. Its effect is to produce violent sickness (skipping heart, difficult breathing, nausea) when mixed in the stomach with alcohol. Thus the alcoholic could use it as a shortcut to sobriety; taking Antabuse pills, like the diabetic and his insulin, would mean he could not drink for at least 72 hours because sickness would result. It has no habit-forming effect to threaten the addiction-prone, but there is danger if the taker "breaks over" and drinks, if there is present any heart, thyroid, kidney, or respiratory ailment. It should never be selfadministered without medical advice. However, a closer examination will suggest that *Antabuse is a frail defense and no cure.* The pill does not stop the desire for drink and a compulsive jump off the "wagon" cancels the deterrent. When the emotional pressures build up it is easy enough for the patient just to leave off the Antabuse. Doctors call it a stop-gap measure to bolster sobriety, while psychotherapy is used to get at causes. Some psychiatrists believe Antabuse, by interrupting the drinking pattern, stirs up underlying anxieties and makes the patient more accessible to therapy. The two Danish scientists who discovered Antabuse have never called it a cure. Dr. Lorant Forizs, clinical director of the North Carolina Alcoholic Rehabilitation Program, calls it "a chemical fence and nothing more."

J. F.

NOTES AND COMMENTS

The National Training Laboratories (in group dynamics) have announced their courses and dates for the coming summer. An attractive folder is available upon request. The address is 1201 Sixteenth St., N.W., Washington 6, D. C.

•

The Annual Meetings of the Association of Mental Hospital Chaplains are to be held this year at the Ambassador Hotel in Atlantic City, New Jersey, from May 10 to 12 inclusive. The theme of the meetings has been stated as "The Concerns of the Mental Hospital Chaplain." Papers dealing with the chaplain's spiritual ministry, areas for research, and administrative relationships will be presented for discussion by chaplains of the three faith groups which comprise its membership. An attempt is being made to have some of these concerns discussed jointly with psychiatrists.

The Rev. Carl R. Plack is Chairman of the Program Committee. Other committee members are: the Rev. Ernest E. Bruder, the Rev. Fred Heather, the Rev. Edward Kroencke, and the Rev. Archibald F. Ward, Jr. The Rev. Keith Keidel is Chairman of the Arrangements Committee.

•

An important publishing project, watched eagerly by the entire religious world, will be brought to completion in September of 1955 with the release of two supplementary volumes to the famous New Schaaf-Herzog Encyclopedia of Religious Knowledge. The Encyclopedia proper, in thirteen volumes, was reprinted in 1949 and 1950 by the same publisher, Herman Baker of Baker Book House, Grand Rapids, Michigan. The addition of these two supplementary volumes, under the editorship of Dr. Lefferts A. Loetscher, Associate Professor of Church History, Princeton Theological Seminary, will add contemporary scholarship to this classic Encyclopedia and will provide scholars throughout the world with the most complete and most up-to-date source of information on religions, missions, church history, religious biography, religious movements, theological trends, archeological discoveries, Biblical criticism, and many other subjects. About 200 contributors have participated in the preparation of these volumes, many of them from Europe.

•

Yale University Summer School of Alcohol Studies announces its Thirteenth Annual Session June 27-July 22, 1955. For information write to the Registrar, Summer School of Alcohol Studies, 52 Hillhouse Avenue, Yale Station, New Haven, Connecticut.

•

"Religious Care of Hospital Patients," a manual which interprets to the nurse or doctor the religious requirements of the three major faiths in the United States while adherents of these faiths are patients in hospitals, may be procured from the Michigan Society for Pastoral Care, University Hospital, Ann Arbor, Michigan. This manual also interprets the relationship between the nurse and the pastor or chaplain and suggests to the doctor or nurse when to call the chaplain or pastor. Procedures for emergency baptism are outlined. A free copy is available for the asking, or, for distribution to doctors and nurses, they may be purchased at the rate of $7.00 per hundred copies. It is suggested that Ministerial Associations might supply local hospital personnel with copies of this manual.